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Antiseptic Surgery.

By T. S. Floyd, M. D., Sedgwick, Kansas. A paper read before the Kansas State Medical Society, May, 1880.

IN the domain of antiseptic surgery there have been during the past year no special discoveries or improvements, either in the agents to be used or their mode of application. In England and Scotland, especially, the full method of Lister has had its advocates and its opponents, and the controversy between them has, in some instances, been quite bitter, and as yet without decisive results. One class claiming that equally good results were obtained under the old method where sufficient care and cleanliness were observed, as under the new, a statement which Mr. Spence, of Edinburgh, has sought to demonstrate in a series of cases drawn from the records of the Edinburgh Infirmary.

It seems to me that our practice must be largely influenced by the views we take as to whether the septic and deleterious influences and agents we have to combat, as surgeons, come from within, or are received from without, or from both sources, or either.

No one who is familiar with the experiments and researches of Pasteur, and embodied in his work on the "Organized Corpuscles Existing in the Atmosphere," or with the experiments of Prof. Tyndall and his replies to Dr. Bastian on the question of spontaneous generation, or with the labors of Prof. Cohn, of Breslau, who says, "No putrefaction can occur in a nitrogenous substance if its bacteria be destroyed and new ones prevented from entering it. Putrefaction begins as soon as bacteria, even in the smallest numbers, are admitted either purposely or accidentally. Its progess is in direct proportion to the multiplication of the bacteria, it is retarded when they exhibit a low vitality, and is stopped by all influences which either hinder their development or kill them. All bactericidal media are therefore antiseptic and disinfecting," can doubt that many septic agents may be received upon open wounds or abraded surfaces from the atmosphere itself as well as from contaminated dressings or instruments, and that, therefore, any or all agents which have power to destroy or to prevent the access of these germs must be more or less useful if not altogether indispensable in surgical practice.

But I am not of those who look for no other source of poisoning than bacteria, and no other medium of contamination than the atmosphere. While an almost unanimous verdict has been accorded the antiseptic method of treatment, it by no means follows that all the details of Mr. Lister's plan must be followed to obtain any useful results. Some good has already resulted from the discussion of his method, as it has prompted a closer inquiry into the therapeutic action of the agents heretofore in use, and a search for new, and in some cases, perhaps, more useful and expedient ones; it has also raised the question whether other and less troublesome, cumbrous and expensive methods than Lister's would not be equally serviceable. The carefully devised experiments of Prof. Lewis A. Stimson, of New York, seem to demonstrate that carbolic acid spray, as usually employed, is not effective to purify, and does not destroy the putrefactive germs floating in the air, and that all the benefits of the acid can as well be obtained by the solution or localized spray directly applied to the wound.

The beneficial effects of carbolic acid dressings no one will probably deny, but whether these are to be more directly imputed to its bactericidal power than to its powerful sedative action is still an open question.

Permit me now to ask your attention to an article which, although it has received high commendation from distinguished sources, is not in so common use as I believe its merits would entitle it. I refer to the eucalyptus globulus. I will not weary you with its botanical history, as that can be found in most of the recent text books on materia medica. Something over two years ago my attention was drawn to the probable value of this agent as a surgical dressing, and my first application was of the fluid extract in the following case: A boy about 12 years of age came into my office his hand covered with blood, and told me his fingers had been caught between a rope carrying a heavy weight and the edge of an iron pully over which it ran; an examination showed the terminal phalanges of the first and second fingers to be severely crushed, and the joint of the second finger laid open. Believing that amputation would be necessary, and as his parents were not present, I straightened the crushed fingers on a slip of pasteboard and confined them with a few turns of a roller open at the ends, and then saturated the fingers and bandages with the fluid extract of eucalyptus, and sent the boy home, saying I would call and see him later. On my visit I found the saturated bandage almost as hard as a

plaster splint; and the fingers giving no pain, as the bandage was open at the ends so that I could easily watch for any change that might demand interference, I resolved to allow the dressing to remain and apply through the open ends the fluid extract of eucalyptus, one part to seven of water. As neither pain or suppuration supervened this dressing was allowed to remain for ten days, when I removed it and found the fingers I had first expected to remove, nicely healed; the joint was stiff and the nails gone, but the latter have since grown out and the joint, under passive motion, recovered almost its natural mobility. I have described this case at length, as it illustrates the method I have employed in a large number of injuries to fingers and hands, always allowing the first bandage, when it could be neatly and closely applied, to remain until the wounds were healed, and in each case the result has been entirely satisfactory.

In cases similar to the one described it is especially applicable, as the saturated dressing hardens and forms a sufficient support.

So satisfactory thus far had been my experience with this agent in minor surgery that I resolved to extend its application to more serious cases, and did not wait long, for an opportunity presented itself in the case of a middle aged German who had received a compound comminuted fracture of the left forearm by its being crushed in the geering of a wind-mill, of so serious a nature as to demand amputation at about the junction of the upper and middle thirds, which was done on the 9th day of April 1879. Sponges and bandages soaked in a twenty per cent. solution of carbolic acid in water, and instruments washed in same, sutures and adhesive straps applied in the usual manner. The stump was enveloped in several folds of the thin muslin, commonly called cheese cloth, and kept saturated with the fluid extract of eucalyptus, one part to seven of water, this was the only dressing; there was very little pain or suppuration, and on the 28th, nineteen days after the operation, the patient was discharged, the pstum healed nicely and needed no further surgical care.

Since that time I have used eucalyptus in some form in nearly all my surgical cases with equally good results.

In October, 1879, I requested Parke, Davis & Co., of Detroit, to furnish me, if they could, a fluid preparation of eucalyptus devoid of resin only, to which request they kindly complied by sending me four preparations. Numbers one and two containg all the basis, neutral and acid principles, in various proportions; number three all the ingredients of the leaves in the same proportion as in the fluid extract except the resin, and number four was the oil. The first three are readily miscible with water, and can be used as a spray or as a simple dressing. The oil is readily soluble in an equal part of strong alcohol, and will mix with oil or parafine; it is devoid of toxic action and is powerfully antiseptic. Lint, gauze, or muslin saturated with the prepared oil makes an elegant and convenient dressing, and agreeable in smell; it destroys all fœtid odors without substituting another offensive one.

In October last having these various preparations to use, samples of which I show you to-day, I instituted the following experiments to test the power of each to prevent putrefaction:

I prepared a strong infusion from a parcel of musty hay, and selecting five clean bottles placed in each of them three ounces of this infusion. To the first three I added one drachm, respectively, of No.'s one, two, and three, to the fourth one drachm of the ordinary fluid extract, and to the fifth twenty minims of the oil dissolved in forty minims of alcohol, so as to make a drachm. These were all left open in a warm place in my office. In ten days the bottles containing the first three, or extracts without resin, showed signs of decay, but there was no change in the two containing the common fluid extract or the oil. All these bottles remained open until cold weather, when I corked them and put them away in sawdust to prevent freezing. A month ago or about six months from their preparation I again opened them, the non-resinous preparations were quite fœtid, but no putrefaction had yet taken place in those treated with the oil or resinous extract. At this date they were still standing open in my office perfectly sound.

Does not any agent possessing such powerful anti-putrefactive power with absolute freedom from poisonous qualities deserve a more extended use and trial?

[Written for the Therapeutic Gazette.]

Rhamnus Purshiana.

A paper read before the Wayne County Medical Society by J. E. Clark, M. D., Professor of Physics and Medical Chemistry in the Michigan College of Medicine.

THE right of cascara sagrada to a prominent position in the front rank of our advancing therapeutical science, as a remedy *par excellence* for chronic constipation no longer admits of argument.

It is rare indeed that a remedy under the most favorable circumstances meets with a tithe of the success accorded this from its introduction, and taking into consideration the malicious persecution and misrepresentation of which it has been the subject, one is forced to the conclusion that its inherent virtues and the success attending its administration by practitioners have alone preserved it from that bourne from whence so many so-called specifics ne'er return—oblivion.

Two or three years have sufficed to bring it into general use and to acquire for it a name as far in advance of the old, "peristaltic persuaders" as our present therapeutics excel those of a century ago. The almost invariable success that has followed its use in the treatment of many of the functional affections of the stomach and intestines, especially in chronic constipation and its concomitant train of symptoms, induces me to speak of it thus highly, for I feel confident that a fair and impartial trial of its virtues will remove these diseases from the class considered *opprobrium medicorum* by the profession.

I have used the preparation since its introduction and in but very few instances has the effect produced failed to be beneficial to the patient. In many cases idiosyncrasies have been met with where combinations with nux vomica, ergot, bella-

donna, etc., have assisted in attaining the desired end; but as a rule the following simple prescription has answered all purposes:

℞ Ext. Rhamni Purshianæ, fl. ʒss.
Syrupi et aquæ, ãã ad ʒij.

M. Sig.—Teaspoonful three times a day.

In many cases I have found less than the above quite as beneficial as the larger dose, in fact, I have found ten or fifteen drops administered three times a day, bringing the system gradually under the influence of the medicine, preferable to the method of producing a marked impression by means of a drachm or more at the outset. I have found it excellent as an anti-periodic and hepatic in ordinary chill fever and have met with flattering success in the treatment of hæmorrhoids caused by portal congestion, its action as an hepatic freeing the ramifications of the venæ portæ and lessening the hepatic engorgement.

Have also found it serviceable in cases of chronic gastric catarrh. In cases of acute or chronic dyspepsia with failure of the digestive and assimilative forces from nervous enervation, its action upon the ganglionic system stimulating the secretions of the liver, bowels, and entire alimentary canal renders it a most valuable addition to our list of nutritive tonics.

I have selected the following from many cases as exhibiting varied functional disorders specially indicating the rhamnus purshiana line of treatment:

Case 1. S. B., aet. 42, chief engineer large manufacturing establishment, corpulent, habits sedentary. Was called to see patient January, 1879. For the last 20 years had been subject to exceedingly severe attacks of cephalalgic paroxysms once to twice per month, had been treated by many physicians but never succeeded in obtaining more than temporary relief. He informed me he only looked for relief, as the hope of being permanently cured he had resigned, considering himself the victim of an irremediable malady.

His liability to lose several days at a time from this cause made a factor in all his business engagements, frequently causing heavy pecuniary loss. Examination during paroxysms gave temp. normal, surface of body cool, abnormal sensitiveness to light and sound, anorexia and nausea, with a history of inveterate constipation of the bowels. The sclerotic and orbital region showed a well-marked icteric tint.

Placed patient upon rhamnus purshiana, and succeeded in producing one evacuation per day. No paroxysms in February, March, April, and May. A slight attack, in June attributed by patient to failure to take the medicine.

Oct. 1st. No attack since June, taking one-half the amount of medicine required last January.

Nov. 23. Called for medicine. Had taken none for five weeks; feared an attack.

Jan. 1, 1880. No violent attack since first dose of medicine. Patient satisfied he has found a specific, and a goodly sized Christmas box delivered at my office marks his appreciation.

C. D., an hysterico-hypochondriacal female with history of uterine trouble, and gynæcological investigations. Said she believed if she could procure a free evacuation from the bowels once per day, the exciting cause of most of her affections would be removed. May 3rd. Acting upon her suggestion to an evacuation each day I put her upon a mixture of

℞ Ext. Rhamni Pursh. fl. ʒj.
Ext. Belladonnæ, fl. ʒj,
Tr. Nucis Vomicæ, ʒij.
Syrupi et aquæ, ãã ad. ʒiv.

Sig.—Teaspoonful thrice daily.

At first medicine produced slight catharsis. Reduced dose to teaspoonful twice per day, and on June 20 to one teaspoonful each morning at 10 A. M., she claiming this sufficient to produce the necessary evacuation.

Dec. 10. She informs me she has not been better in ten years. Taking one teaspoonful per day.

Clinic Michigan College of Medicine:—E. F., female, aet. 21, complained of hæmorrhoids acting from the period of gestation some 18 months since. Had been treated for more than a year with slight temporary relief.

A well marked case of portal congestion with history of dyspepsia and chronic constipation. I directed 15 drops of the extract to be taken three times per day for one month, at the end of which time she reported entirely cured.

Have administered to a number of cases at my clinic during the past three months and the record shows that in no case where patients have reported have the effects failed to be beneficial.

[Written for the Therapeutic Gazette.]

Medical Jottings.

From our London Correspondent.

THERE has of late been a severe epidemic of whooping cough here in London. In a single week 248 deaths were registered from this cause alone, a far higher number than has ever been registered in any previous week on record. I hear that several practitioners have been using the drosera rotundifolia with success.

At the annual meeting of the Medical Society of London, held on March 1st, a spirited discussion arose on the treatment of that most distressing affection, pruritus vulvæ. A plan warmly advocated was to smear the part with calomel ointment, and then to dust it over with a mixture of one part of camphor and four of starch. A fellow advocated the use of peppermint water as a topical application, and spoke in the highest possible terms of the great benefit that had resulted in several cases under his care from the internal administration of urtica. There are several other modes of treatment that might be mentioned, one of the best being a chloroform pomade made as follows:

Chloroform, ʒij.
Glycerine, ʒss.
Lard, ʒjss.

It may be scented in any way that may be agreeable, and should be applied frequently. A good lotion for either pruritus ani or vulvæ, is:

Carbonate of soda, ʒij.
Hydrochlorate of mo phia, grs. xvi
Dilute hydrocianic acid, ʒss.
Glycerine. ʒij.
Water to ʒviij.

To be dabbed frequently on the parts. This often proves of use, but urtica undoubtedly has the merit of simplicity.

The next annual meeting of the British Medical Association, which now numbers some 8,000 members, will be held at Cambridge in August, under the presidency of Dr. Humphry, the Professor of Anatomy at the University. It is a curious circumstance that although there are sections on medicine, surgery, obstetric medicine, public medicine, psychology, physiology, pathology, ophthalmology, etc., there is no special department devoted to materia medica and therapeutics, or the introduction of new remedies. The meeting is likely to be largely attended, and foreign visitors will, I am sure, be warmly welcomed.

In a recent number of the British Medical Journal Dr. Burkart speaks in high terms of quebracho as a remedy for dyspnœa. He tried it in cases in which the dyspnœa was associated with emphysema of the lungs, atheroma of the arteries and degeneration of the cardiac muscles, and in every case the quebracho afforded immediate relief. In three minutes after the administration of the drug the pulse became somewhat fuller, but not increased in frequency; the patients felt their breathing easier; the face was flushed and a gentle prespiration appeared on the forehead. Slight drowsiness and inclination to sleep were noticed. These symptoms soon subsided, but the breathing continued to be much improved.

Some discussion has recently taken place in the medical papers on the best mode of treating chilblains, and the following formula has been highly recommended:

℞ Oil cajeput, ʒ j,
Strong liq. ammoniæ, ʒ j.
Comp. soap liniment, ʒ iij.

This, if applied hot, is found to keep the enemy at bay and minimise discomfort. Another good mode of treatment is the local application of capsicum, either in the form of tincture or plaster.

A report has been issued by the committee appointed by the Clinical Society to ascertain what deleterious effects followed the prolonged and continuous use of chloral in ordinary doses. Seventy special replies and three printed papers were received in reply to about a thousand circulars distributed throughout the profession. Twenty-nine correspondents stated that after extended experience of chloral in long continued doses, no ill-effects had been observed. Fourteen answers recorded cases in which nervous debility, mental enfeeblement and convulsive seizures appeared to follow the use of chloral. In two cases cardiac derangement was noticed, and in six digestive disturbances were attributed to the use of the drug. Nine correspondents gave details of cases in which they observed itching of the skin, and a lichenous eruption, as well as deep flushing of the face and head after the moderate use of stimulants. Two replies indicated the possibility of urinary irritation being produced by the chloral. Inquiry amongst some of the leading druggists of the metropolis failed to show any abuse by the public of the facilities enjoyed by them of purchasing chloral without restriction.

The eighth edition of Ringer's Therapeutics is out. It is wonderfully popular here and has an enormous sale. He has several new chapters, notably one on nitro-glycerine and its use in angina pectoris. He enters very fully into the consideration of the physiological action of jaborandi and its alkaloid pilocarpine, but says comparatively little concerning their practical applications. He agrees with Dr. Murrell in recommending picrotoxine as a remedy for the night sweating of phthisis. Speaking of grindelia robusta, he says that although his own experience of it has been slight, it is favorable, and accords with the high opinion of it expressed by many of his medical friends.

[Written for The Therapeutic Gazette.]

Domestic Remedy for Felons.

By T. C. Brannon, M. D., Brannon's Store, via. Weatherford, Texas.

I HAVE been afflicted with nearly forty felons during my life, and suffered very much with the first ones, being able to get no reliable treatment from medical authorities. In my desperation I resorted to the many treatments kindly suggested by old ladies and finally succeeded in learning how to abort the inflammation. Felons are generally, if not always, caused from bruises, and originate under the periosteum.

How to diagnose a felon: When the palmar surface of the finger, thumb, or any part of the hand feels as if a fine, sharp, short thorn had entered the cuticle, and the outer end had become imbedded beneath it, and when on "picking" for it it seems to be pressed into the periosteum, endways, and you fail to find the thorn, and know no other cause for redness, swelling and pain, you may rest assured that you have a felon coming. But if you wish to further satisfy yourself whether or not it is a felon, take your pocket knife and rub the edge over the small, red spot, inclining the back of the blade forward. Notice if, when you are passing over the diseased spot, the red corpuscles are all caused to pass on through the blood vessels, leaving the inflamed part whitened for a short time afer the knife passes over it. If not it is apt to prove to be a felon.

I give rules for diagnosing the disease in its forming stage, when it is easily aborted by my treatment; but if neglected longer, it only succeeds in part, according to the deposit under the periosteum:

Treatment.—I have used the following simple treatment for twenty-three years, since which I have always succeeded in aborting this painful disease, or modifying the great pain, and not unfrequently preventing the loss of one joint of the finger: Take of soft lye soap and flaxseed meal a sufficient quantity, stirring the meal in slowly with spatula, or case knife, manipulating thoroughly, so as to form a salve or poultice. Cornmeal is a good substitute for the flaxseed. Envelop the finger in this, applying snugly, and occasionally pressing it to bring it more completely in apposition. Renew the poultice every twelve to twenty-four hours. Don't try every prescription you may hear of. Depend on this, and this alone. It will, if applied in time, abort the disease; if adopted later, it will bring it to a small "head" (if too far advanced to be "scattered"), when it may be picked almost painlessly.

The escharotic properties of the soap soon destroy the thick skin over the region of the disease, which accounts partly from the quick relief from pain. Besides I think it is partially absorbed, and thus affects, more or less, the diseased process.

[Written for The Therapeutic Gazette.]

Coca Erythroxylon.

By G. F. Peckham, M. D., Elyria, O.

A Mrs. M., of this county, æt. about 60; bilious temperament; tall and spare build; has been troubled with a severe cough for at least ten years, and for the past year, previous to November last. Her friends and relations despaired of her recovery. She became very emaciated with almost constant cough, and expectoration of a very offensive yellow pus, (which I had no hesitation in pronouncing tubercular), profuse night sweats; pain through both lungs, and all the symptoms of tuberculosis. Her husband became very much alarmed about her and remarked that if something was not soon done for her she would die of consumption. Previous to this time (Nov. 1879) I had not treated her. Coca presented itself to my mind as being a remedy that might relieve some if not all her many bad feelings, procure sleep if nothing more. She commenced taking fluid extract coca—one-half teaspoonful three times per day. Beyond my expectations in less than four weeks her cough had almost entirely ceased. No expectoration; no night sweats; appetite good, and gaining in flesh rapidly. She has not taken all of the second one-half pound bottle yet, and is taking it very sparingly now. Says she is quite well now, and has gained about twenty pounds since she commenced taking the coca last November—now about seven months.

Case 2.—Master B., a lad (German) about 5 years old. Healthy till January 1, 1880, at which time he was taken quite ill with some disease his physician failed to diagnose. He had all the peculiar symptoms of an eruptive disease but no eruption. About the first of February he came under my care. He had high fever every night, no sleep, wild and tossing about; thirsty with dry tongue and lips; bowels constipated; elbow, wrist, and knee-joints badly swollen; red, painful, and tender to the touch. I was unwilling to give him opium in any form, and judging from what coca had done for Mrs. M., I, without any hesitation, gave it to him, with the sole object of relieving pain and procuring sleep. I was again surprised and highly gratified to see my little patient relieved at once and fully recovered in ten days (his disease was the sequel of scarlatina).

I hope that others may be as successful with coca as I was in the above two instances.

[Written for the Therapeutic Gazette.]

Palpitation of the Heart—Treatment by Cereus Bonplandii.

By Clifton S. Morse, M. D. London, Ohio.

I DESIRE to report a case, in the service of Dr. J. T. Houston, physician to Madison County Infirmary, etc., in which the use of cereus bonplandii has been decidedly marked for good.

T. S. æt. 57; native of Ireland; of the nervo-sanguine temperament; has suffered at various times in the past from violent action of the heart. The last, and by far the severest attack, coming on several weeks ago, attended by the usual fear of impending danger, dyspnœa, etc. Close and repeated examinations failed to reveal any evidence of organic disease. Dr. H. determined to test the virtues of cereus bonplandii, and accordingly the fluid extract was given in fifteen drop doses every three or four hours. Immediate relief was experienced. It was found necessary, however, to increase the dose gradually in order to retain the first good effects. In a few days the dose had been increased to forty drops, the heart pumping away as usual and everything appeared serene. From that time improvement was continuous; the medicine was gradually diminished in amount and frequency of dose, and finally discontinued. The man is now at work, in good health.

Small doses seem to act as a cardiac stimulant, large doses lessening the frequency and increasing the force.

[Written for The Therapeutic Gazette.]

Reports on New Remedies.

By James Davies, A. M., M. D., Gardiner, Maine.

DIOSPYROS KAKI. I select two cases, (1) A woman in a town on the Penobscot river, over 40 years old and a mother of children, having suffered for eight years from chronic dysentery, or what passed by that name, applied to me for treatment. Upon inquiry I found that the mucous membrane had come away in long shreds and small flecks from time to time; that she had submitted to treatment under all kinds of practitioners without any benefit except a slight but transient amelioration, while a few unskilled ones administered to her at random some botanic compounds. Finally nothing did her good, and her state of emaciation was fearful to witness. An unmarried sister had recovered from pulmonary consumption under my treatment, and that was the only thing that encouraged her to make one more trial. I established a course of medicine for her—a variety of articles including golden seal, etc., but among these kaki was the one thing which I was going to lean upon. She soon grew better, and to hasten her recovery I gave her malt extract liberally. It being about the worst case of the kind any one could expect to see, her recovery was very slow, but step by step she gained. Now she is well and strong. Yet she will have to be exceedingly careful to avoid any intestinal irritation.

Case 2.—A man in this city is in third stage of phthisis. He was given up to die by three physicians about seven weeks ago. He could not raise his head to imbibe out of a glass or cup, and his nurse had to administer liquids through a tube. I had just moved into the city to live. I was was called to see him and induced to begin treatment. He was too feeble to touch hypophosphites. I gave malt and some mild tonics, and very carefully some antiseptics. But between the night sweats and the peculiar diarrhœa of the disease,

the patient was going to drop off very quickly between our hands. The old remedies for night sweats are not innocent enough, so I tried four drop doses of jaborandi, thereby controlling it thoroughly. Kaki did the work to perfection on the diarrhœa, and I strongly suspect, nay, am almost sure, it also favorably affected the stomach, pharynx, and even the bronchial tubes. After a while he could take hypophosphites, but not enough to satisfy me. We have ordered sanguis bovinus for him. This man's life has already been prolonged six weeks at least, and principally by means of malt, jaborandi, and kaki. He is able to walk a few steps in his room at present. I am, however, of the opinion that we shall fail to obtain cicatrization in this case.

Eucalyptus Globulus.—I have used this in the place of a specific for diphtheria—positively saving lives with it. If used early in the disease, it will prevent the membrane from forming in the fauces; and even after it has formed, but before any destruction of tissue, it will remove it quietly and gradually, so as to leave no disfigurement whatever in the parts. If the fever is high, give large doses of it. I have given a quadruple dose, repeating every forty minutes for a few times in a case where the fever momentarily threatened the extinction of the patient, thereby causing him within three hours to emerge cool and calm, not only from the fever but from the disease itself. I associate this remedy with chlorate potass—alternately, using the latter as a gargle. I sprinkle the eucalyptus also on the meat applied to the throat externally. It is an efficient remedy, while it is much more merciful to the nerves than quinine is. I will mention a peculiar sequel of the treatment in one case, and leave the reader to judge of the probable cause. There was a swelling of the glands of the throat—slight on the right but immense on the left, the fever being very high at the time. I had just commenced the treatment by eucalyptus, but the doses were ineffectual on account, as I afterward found, of their being much too small, (the ordinary doses). I applied to the swelling on the left side, the "druid's hot hand," a peculiar but powerful counter-irritant and anodyne, but did not suppose it necessary to apply the same to the right side. It did its work, while the heroic in eucalyptus, immediately following, soon aborted the disease. An extremely desperate case was quickly cured. Soon a salivation on the right side established itself and continued seven weeks, while all the time the patient (?) was apparently enjoying splendid health. At first the discharge was thick to the feeling in the mouth, and profuse, then became thin and limpid. I determined to do nothing for it, and watched it with some curiosity. Now it is all gone.

By Dr. A. Eddmond, Tontogany, Ohio.

Cortex Juriballi (*Switenia Senegalenis*).—This drug, so highly spoken of as a substitute for quinine, I have no doubt is very little known in this country. The reason of this is largely because our medical friends usually require the testimony of the entire medical profession of Europe before they put faith in any new drug. My own knowledge of this remedy, known by the name of cortex juriballi, otherwise called by early writers febrifuge bark of pomeroon, cortex curibali, tschuribali, (moshoxylum swrtzii adr. juss.) trichilia moschata (Swartz) meliaceæ–trichilieæ. I obtained in reading the "Transactions of the Medico-botanical Society," of London, 1832 and 1833, page 36 to 42, by John Hancock. The author here recommends the above remedy very highly in typhoid fever, and on account of its valuable febrifuge property in small pox and measles.

In 1865 I used cortex jurabilli in a case of typhoid fever, with the following observation in regard to its medical properties: The taste of the drug is more bitter than cinchona, and also more astringent. The first few doses I gave had a laxative effect. The remedy, however, may be given even where there is much irritation of the stomach or in high inflammatory fever, with satisfactory results, where quinine could not have been used. In 1869 I employed this remedy in thirteen cases of small-pox with invariably satisfactory results. I have also used it in obstinate intermittents with good results, and from my own experience I would most earnestly recommend a more extended trial of the article.

Abstracts and Translations.

[Translated for the Therapeutic Gazette from the Spanish El Medico y Cirugano Centro-Americano, and other journals, by Dr. C. R. Cullen, Hanover Co., Va.]

Ocimum Basilicum.

According to Linnæus, the plant belongs to the genus didinamia quinospermia, class 14, and order 8—according to Jussica, order 6. In Spanish it is called albabaca; in French, basillic; in English, basil; in Italian, basilico, ocimo, orzimo; in German, basicum, basilicon, basilen kraut, hirnkraut.

The odor is so agreeable and delicious that it perfumes all around it. The plant originated in the East Indies, and contains forty species—all possessing its penetrating and agreeable odor. It is useless to describe, particularly, this plant, as every garden contains two of the species, the common albabaca or large albabaca (ocimum basilicum), and the ocimum albabaca minimum, with small leaves. The last is preferred by amateur florists because its abounding branches, loaded with leaves, give it the appearance of a ball of verdure.

We have sought in vain in the great works of the materia medica and of therapeutics, and of others treating extensively of this plant, for some of its medical uses, with which all the Guatemala physicians are familiar, having seen the herb used in the hospitals with such good success. In private practice we find it successful in common affection of the nose, produced by a small fly, and extending to the nasal fossæ. The extensive modern and complete works on Materia Medica and Therapeutics, written by Theodore Husemann—by Trousseau and Pidoux—by Rabuteau and others no less notable, furnish nothing of the virtues of albabaca. J. A. Masso in his work on Therapeutics says it has been used in infusion and in smoke of its leaves; in atony of the stomach, and in fluxes, also in colic and in deafness, its smoke dissolving the hard wax of the ear and thereby producing immediate relief.

Chemovis alone says, the infusion of albabaca is sudorific; is prepared with two or three leaves in a cup of boiling water, and is useful in colds. The Modern Encyclopedia says it is used for fragrant purposes, but for no medical objects. Dioscorides attributes to it diuretic properties, and the illustrious Frederic Hoffman prescribed it for nervous headaches, using the volatile oil from the dried leaves. Gilibert believed it useful in atonic neuroses—paralysis and serena gutta.

In the last month of the year 1865, in the hospital, the surgeon, Dr. Francisco Abella, ordered some branches to be cut off and brought to him. He gave it to a sick man and told him to rub the leaves in his hands and inhale the escaping volatile odor through the nostrils. In a few minutes we saw a large number of worms escaping, and since then have used the remedy in similar cases.

This use of albabaca is well known throughout Guatemala, but is not mentioned by any author, for these purposes, and I call attention to it for the great good it accomplished in relieving sufferers from this cause.

Belata, a new gum.—A new gum has been found and called belata. It is taken from the *bull* tree, and is indigenous to the Amazon region. It is similar to gutta-percha, but stronger and more flexible. It possesses no taste but gives out an agreeable odor when burning. It liquifies at a temperature of 210° F. It is soluble in cold benzine; in bisulphide of carbon, and in hot turpentine. By friction it appears electric, and is a better insulator than guttapercha. It is believed it will prove useful in the arts.

Venolina.—The latest experiments in Hungary with a preparation of carbon of stone called venolina have given very satisfactory results. It has the virtue of preserving wines perfectly clear and in good condition for an ideinite time, and it will have an important bearing upon exporting Hungarian wines.

Uræmia.—In the hospital de Caudad, Paris, Dr Hardy has obtained the happiest results in the treatment of this disease. The diet is exclusively milk. The medicine, purgatives, alternating with tannin and acetate potass six to twelve grammes in twenty-four hours. When cerebral accidents take place, bleeding is necessary to prevent coma and epilepsy. To produce sleep and quietness, chloral is best at night.

Influence of Syphilis on the Course of Wounds—Here are the singular conclusions of the work of Drudleshoff: Wounds of an irritable nature will be continued as long as syphilis is continued, without being cured. In primary syphilis wounds can be cured by the first intention. Tertiary syphilis does not favor the healing of wounds, but if the disease is improving the wounds improve pari passu. Syphilis predisposes to fracture of bones, and is an obstacle to their consolidation. In the greater part of syphilitic cases special treatment does not conduce to the improvement of fractures. In other cases the formation of callus is impeded by over mercurial treatment or by a syphilitic cachexia. In inveterate cases of syphilis and in debilitated subjects, wounds have a tendency to take on gangrene, which can be treated successfully by a course of arsenic. It is not demonstrated that syphilis predisposes to hæmorrhage, and does not favor the appearance of pyemia. (Annal de dermot et de syph.)

Favorable influences of Quebracho in certain forms of Dyspnœa—The aspidosperma quebracho is a tree growing in Brazil. South American physicians ascribe to it an action similar to quinine. The investigation made by Dr. Penzoldt has not, as yet, confirmed the antiseptic action of this drug, which manifests its peculiar effect in different forms of dyspnœa. Dr. Penzoldt experimented with an alcoholic extract made from the bark dissolved in water. The proceeding consisted of treating with alcohol during eight days, ten parts of the pulverized bark, filtering it, drying it, and afterwards redissolving in it twenty parts of fresh water. The drug thus treated did not modify the cases of fever treated, and it was necessary to make new experiments with the alkaloid. He first employed it in emphysema of pleurisy. Respiration became easier and less frequent. Afterwards he made several experiments in bronchitis, phthisis, chronic pneumonia, asthma, etc. The doses were one and two teaspoonfuls of the solution first made, repeated two or three times a day. The conclusion is this, that quebracho can diminish or suspend dyspnœa in different affections of the lungs and of the heart. The medical action manifests itself in diminishing respiration and the disappearance of cyanosis, etc. (El Siplo Medico).

Injectons of Phenic Acid in Rheumatic Arthritis.—Dr. Suonatkov made injections in twelve patients with a solution of one part of phenic acid to 100 water with the following conclusions:

1. These injections constitute a safe means of relieving articular affections.

2. If there is much inflammation in the joint the effect is feeble and uncertain, but where the inflammation is slight the injections remove the pain rapidly and safely.

3. In superficial articulations phenic injections act more intensely than in deep ones.

4. The pain relieved by the injection returns after a few days if a salicylate treatment has not been adopted. It therefore does not cure but only palliates rheumatism.

5. With the disappearance of pain the symptoms of inflammation also disappear, if not very intense, and only a moderate sense of inconvenience remains.

6. In the greater part of the recent affections under one injection the pain subsides, but in others two or three injections are necessary. When several injections are necessary, the final termination is uncertain.

7. Toxic symptoms from large doses are sometimes apparent. (Revista de Medicua y Cirugia Practicus).

Phenic Acid in Small-Pox.—Dr. Platt, of Chin Kiang, China, recommends phenic acid to abort the pustules of this disease. During six years he has treated a large number of Europeans and Chinese with the exclusive topical application of carbolic acid, and with favorable results. In some few cases he gave internally opiates and gentle laxatives according to the circumstances of each case. The doctor requires free ventilation with open windows. Twice a day the body was sponged with the medicine—carbolic

acid, seventy-five grains, dissolved in glycerine and water fifty parts. Suppuration and cicatrices were prevented with but little pain to the patient.

Vaginitis.—Dr. Gallord introduces small suppositories at first, and gradually enlarging—each being made of iodoform and belladonna. At first the iodoform, thirty grains, is mixed with cocoa butter, thirty grains, and fresh lard seven times as much. If there be pain without much mucous inflammation, he adds the extract belladonna with lard, in similar weights. After some little time the cure is effected.

Ulcers of the neck of the womb treated with glycerine and creosote.—Dr. Mendelssohn refers to thirty-seven cases in which the old treatment failed, and in which he had recourse to the following:

℞ Pure creosote, 30 grs,
Glycerine, 750 grs.
Alcohol, 375 grs.
M.

He touched the ulcers three times a day with this mixture. Of twenty-eight cases, twenty-six had good results in two weeks. Of seven cases of gangrenous and granulating ulcers he had one complete cure, and most of the others improved. In two cancerous cases no improvement in forty days, and he began with iodoform. These results led him to believe the efficacy of creosote in non-specific ulcers. This drug, the author holds, owes its curative power over superficial ulcers to its astringent and antiseptic action.—Ibid.

Jamaica Dogwood—Piscidia Erythrina.

Isaac Ott, A. M., M. D., late lecturer on Experimental Physiology in the University of Pennsylvania, communicates to the Detroit Lancet the result of a series of physiological experiments conducted with Jamaica dogwood. The animals in which the drug was tested were frogs, rabbits, and men, observation on the former two being taken of its effect on the general system, on the sensory nerves, on the spinal cord, on reflex action and on the circulation.

Action of Man.—A half teaspoonful of the fluid extract was taken, soon began to feel drowsy, pupil dilated. In about three hours the effect passed off, and I felt as well as ever, having no nausea nor the peculiar shaking up of the nerves that ensues after opium.

At 6.20 P. M. I took a teaspoonful of the fluid extract. Pulse 72, respiration 16. When swallowed it gave a pungent, burning sensation in the throat and stomach, succeeded by a feeling of warmth over the whole body. 6.40 P. M.—Pulse 62, respiration 16. Arterial tension increased. 7.26 P. M.—Pulse 72, respiration 16. Salivation and sweating, pupils dilated. 8.45 P. M.—Pulse 72, respiration 17. Feel quite sleepy, disturbance of vision, itching sensation in the skin; the narcotic feeling kept up till about 10 P. M.

As well known, in opium are found those medicinal virtues which give to the physician the power to rapidly relieve and cure suffering humanity, and at the same to produce a beatific intoxication. The effect of this drug, like other pleasures, has its pains, such as nausea, constipation, and a generally disordered nervous system. In this drug piscidia, we have a less pleasurable intoxication, and the disagreeable after-effects of the opium left out. The sleep of piscidia resembled in feeling that produced by large doses of bromide of potassium.

It is evident from the preceding experiments that in piscidia we have a drug capable of producing death by arrest of the respiratory apparatus. Frogs seldom recover from a moderate dose of the drug. The following conclusions may be drawn:

1. It is narcotic to frogs, rabbits and men.
2. It does not affect the irritability of the motor nerves.
3. It does not attack the peripheral ends of the sensory nerves.
4. It reduces reflex action by a stimulant action on the centers of Setschenow.
5. That it produces a tetanoid state by a stimulant action on the spinal cord, and not by a paralysis of Setschenow's centers.
6. It dilates the pupil, which dilatation passes into a state of contraction upon the supervention of asphyxia.
7. It is a salivator.
8. It increases the secretion of the skin.
9. It reduces the frequency of the pulse.
10. It increases arterial tension by stimulation of the monarchical vaso-motor center.
11. This increase of pressure is soon succeeded by a fall, due to a weakening of the heart itself.

If the action of piscidia is compared with that of chloral, it is found that the former has no dangerous action on the heart like the latter, nor such an energetic action like the latter upon the respiratory apparatus.

Compared with atropia, piscidia, unlike the former, does not paralyze the motor nerves; it does not paralyze the chorda tympani; it does not arrest the sudoral secretion; it does not paralyze the pneumogastrics, and does not elevate greatly the arterial tension, but like it, dilates the pupil. Compared with morphia, like it it produces sleep, heightened excitability, spinal convulsions, general paralysis and stimulation of the main vaso-motor centre; unlike it, it dilates the pupil. In the use of this drug I would like to add the caution that its surface is pleasure and its depth death.

On the Cinchona Bark.

Some interesting notes on the determination of species of cinchona occurring in trade in the United States have recently been written by Mr. J. C. Reeve, Jr., of the School of Pharmacy of the University of Michigan. The object of the paper* is to present some ready means of distinguishing the barks, both officinal and unofficinal, that are commonly offered for sale and are employed by leading manufacturers of the alkaloids, or are sold by retail dealers as Peruvian bark. Between fifty and one hundred specimens were obtained from leading wholesale firms of New York, Philadelphia, St. Louis, Detroit and New Orleans, and from a number of retail houses in Michigan and elsewhere, and were bought as "true calisaya," "true red bark," "ordinary red," etc. In the

*Thesis for the degree of Ph. C. published in the American Journal of Pharmacy.

course of the investigation the following facts were brought out:

1. Sensible properties, such as color, taste, etc., afford no certain means of distinguishing species, hence even experts who have long handled these barks are liable to be deceived in respect to their nature, and in fact often do send out specimens incorrectly named.

2. Microscopical examination furnishes a ready and reliable means of determining the species in question; it requires, however, some skill combined with patience and an accurate knowledge of the structures to be identified.

3. While this is true of crude barks it is not claimed that the microscope offers any essential service in the identification of powdered specimens.

4. Nearly all specimens obtainable are sold as "yellow" and "red" barks. It is difficult to obtain specimens of "pale" bark from any source, and some prominent dealers speak of yellow and pale barks as identical.

5. An interesting tabular view of specimens, obtained as above stated, is presented which shows that the names "true yellow," "true red," "yellow," "red" and "pale" barks cover a very considerable number of species, and a suggestive note is made respecting estimates of alkaloids based upon commercial specimens whose identity has not been fixed. At the same time it is shown that by far the largest number of specimens are sold for what they really are. The table, excluding numerous specimens obtained at retail establishments, is as follows:

COMMERCIAL DESIGNATIONS.

"Pale," etc.	"Yellow."	"True Yellow."	"Red."	"True Red."	Identified as
1	3	10	..	1	.....C. Calisaya Wedd.
..	..	..	2	13	.....C. Succirubra Pav.
1	1	..	..	..	.....C. Officinalis Hook.
1	..	..	..	..	.....C. Micrantha R. et P.
..	..	1	6	4	.....C. Lancifolia Mutis.
..	..	..	..	1	.....C. Cordifolia Mutis.
..	..	..	1	2	.....C. Purpuræ R. et P.
..	..	1	..	..	.....C. Pubescens Vahl.
1	1	2	..	..	.....C, Pitayensis Wedd.
..	..	1	1	..	.....C. Scrobiculata H. et B.
..	..	..	1	1	.....C, Peruviana How.
1	..	..	..	..	.....C. Glandulifera R. et P.
5	5	15	11	22	

Number of specimens obtained for examination.

The paper is devoted chiefly to descriptions of microscopical structure, together with brief diagnosis of external characters, and is valuable as furnishing in compact form the means of identifying those species which are of most frequent occurrence in our own trade, thus sparing the fruitless labor of comparing the numerous descriptions of barks that are rarely or never met with here though described in detail by English and Continental writers.

V. M. S.

Diabetis Insipidus Treated with Ergot.

In the May 8th, No. of the British Medical Journal Dr. William Murrell recalls the report of a case of diabetes insipidus in the December 25th, 1875, No. of the same journal. This case was successfully treated with ergot after jaborandi and other remedies had been tried to no purpose. Half a drachm of the liquid extract was given every three hours, and the urine was reduced in twenty-four days from twenty pints to a pint and a half, the specific gravity being increased from 1003 to 1017. The excessive thirst and other distressing symptoms from which the patient suffered were also removed. A few days previous to his second reference to the case, Dr. Murrell accidentally met his quondam patient, who informed him he had not had a day's illness since he had left the hospital, some four and a half years ago. His urine is normal in quantity and he does not suffer from thirst; and he is strong and well in every way, and able to do a good day's work. The ergot cured him completely.

In the May 22nd No. of the same journal Dr. Samuel J. Noake corroborates Dr. Murrrell's statement of the value of ergot in diabetes insipidus by the report of two cases which he treated with Dr. Canney, of Bishop Auckland, some twenty years ago. After the patient had been under his care for some time he ordered the following: Ergot, one ounce, bruised, in a pint of cold water, and boiled to half a pint, strained and put into sixteen half ounce bottles with directions for one to be taken every three hours. The specific gravity of the urine gradually increased under this treatment to 1021.

Correspondence.

Piscidia Erythrina—Senecio Aureus and Eclecticism.

After thorough trial of this new remedy, I am now prepared to make a report to the profession. And I must say that many who are writing about it, are mistaken in regard to it. I have not found it narcotic, but simply soporific, and calmative to the nervous system. It produces profound and refreshing sleep without any tendency to produce congestion of the brain like opium does.

I had a case of asthma, with great erethism and sleeplessness, in which I gave five drops of fluid extract at night, and the patient fell asleep, and slept for several hours, and then awakened refreshed, and without any nausea and other unpleasant effects. I regard it as a great boon to poor suffering humanity. I was suffering intensely with an excruciating rising of the right jaw, from a decayed tooth, and after trying various remedies to relieve the pain, and failing, I then wet a bit of cotton in the fluid extract and applied to the gum, which gave relief in a short time. The introduction of Jamaica dogwood supplies a desideratum in medicine.

Dr. A. Harlow seems to have just discovered that senecio aureus is a valuable medical agent. He says: "This herb, long held in high repute by the adherents of the botanic school of practice, and known to them as life root, ragwort, squaw weed, female regulator, etc., has for a great many years been one of my favorites. Few indigenous drugs have held so high a place on the list of remedies employed by the Indian, botanic, or eclectic doctors, so-called." "So-called," who but Dr. A. Harlow calls eclectic physicians Indian, botanic doctors? How long will men continue their invidious epithets when speaking of eclectic physicians? I am happy to

inform Dr. A. Harlow that eclectic physicians have no more connection or fraternity with either Indian, or botanic doctors than he has. They simply use any good remedy rather than let their patients die without the appropriate remedy.

The doctor would act much more wisely to do like many sensible men are doing; to aid eclectic physicians in introducing good remedies to cure disease. Senecio aureus fills a place in the materia medica not filled by any one remedy. Its affinity is for the uterus and urinary organs, and in a secondary sense, it acts upon the nervous system. It has some affinity for the mucous tissues and urinary organs of both sexes. Its effects upon the nervous system are similar to coffee, chamomilla, valerian, and ambergris. It has a quieting effect in nervousness, hysteria and morbid depression of mind. In large doses, it increases the secretion of the bronchial, intestinal and vaginal mucous membranes. In profuse leucorrhœa it has proven a good remedy, if given in small doses, say ten or fifteen drops. In suppressed menstruation from catarrh, senecio acts with a certainty not attained by other remedies, and in cases of great excess of the menstrual flow from congestion or areolar hyperplasia of the uterus there is no remedy so prompt to relieve this condition. And from this fact it has received the common name by the people "female regulator." I have cured quite a number of cases of menorrhagia, of long standing, with this remedy. I have used it in many cases of "change of life," as the women call it, where the flow would cease for awhile, then return very profusely. In this condition, its peculiar regulating effect upon the uterus, render it one of our most trustworthy remedies. And as a diuretic, I use it in dropsy with happy effects.

I. J. M. GOSS, A. M., M. D.

MARIETTA, Ga., June, 1880.

Sanguis Bovinus Exsiccatus.

The sample of sanguis bovinus exsiccatus handed to me during the last session of our State Medical Society, was used in a case of pregnancy in which the blood making powers were nil, owing, as I think, to want of assimilation. Animal food of all kinds, or however prepared, would be vomited up or passed off by the bowels indigested, and then, if from the bowels, there would follow an exhausting diarrhœa of several hours, or even days, duration. Beef teas and beef extracts utterly failed, and the woman was becoming rapidly exhausted. I went to the society intending while in the city to purchase enough of the sanguis bovinus exsiccatus to test its action, but finding none in the city I was accommodated with a sample at the hands of an agent. I began on a small dose and as it was well borne increased the dose, but before it was all used up the woman's pregnancy was ended by labor, premature, which left her all but completely exhausted. I now insisted on the blood being given more promptly than it had been and to the full amount recommended, and meanwhile sent to Browning & Sloan, of Indianapolis, for a new supply and kept up the use of it, two tablespoonfuls of the solution every three hours. It had good effect but not so great as I had hoped to see, and I now ordered fresh milk as much as could be borne by the stomach every two hours, in addition to the ox blood. In forty-eight hours she had improved to a marked extent, but as there was some œdema of hands, feet and face, and other remedies not proving sufficient, I began the use of jaborandi, keeping up the two articles of food. Improvement was now more marked than ever, and shortly the patient began to show some color of blood, though but faint, in lips and finger-nails. The improvement was now continuous. She did not mind the taste, as I added a little cinnamon, but the thoughts of it being blood caused some repugnance. I believe it is the aliment in low conditions of the system where the assimilating organs are not acting.

I may add that I have also tried a sample of fluid extract golden seal. It was given in conjunction with nux vomica in atonic conditions of the stomach, in two cases where the nux vomica had failed given alone; but by combining the two entire satisfaction was obtained.

U. H. FARR, M. D.

PARAGON, IND., June 18, 1880.

Manaca.

I wish to speak of one new remedy particularly—manacá. This drug has had an astonishingly curative influence in a case of subacute spinal meningitis, sporadic, and accompanied with a strumous cachexia. The patient came into my hands after having been treated about three months by a practitioner of a neighboring village.

Without entering into details I will merely state that the patient was unable to rest or sleep; could not bend the body (spine) without pain; great tenderness over several of the cervical and dorsal vertebræ. Of the latter there is evidence that the bones are inflamed and perhaps carious (incipient)

I gave the patient five drops of the manacá every four hours. Three days afterward I saw her. She met me at the door with a smile and then stepped across the room with seeming little restraint from the soreness and pain. She said that soon after I left she laid down and slept three hours. She was astonished when she awoke to find the soreness so much alleviated. She thought I must have "given her something to make her sleep." The paroxysms of pain in her head and limbs, the jerking, cramping or spasms in the muscles of the right arm and right leg, or more particularly in the forearm and near the insertion of the deltoid in the arm and in the muscles of thigh and gastrocnemius of the leg, had all vanished. The rigidity of the muscles holding the body painfully erect excepting to hold body bent to the right, was relaxed. The body can now be bent and even inclined to the left notwithstanding the swelling, tenderness, etc., indicative of perinephritic inflammation of the left side. If the body of the vertebræ are not only inflamed, but already carious, I do not expect a cure in this case, but I am satisfied that the medicine is good for the diseases for which it is recommended, and owing to its therapeutical effects is susceptible to a wide range of application.

I have ordered more of this medicine through

Mr. Andrews, of Seymour, as I desire further acquaintance with it.

N. D. GADDY.

LOVETT, INDIANA, May 30, 1880.

Grindelia Robusta in Asthma.

Since receiving the fluid extract grindelia I have used it for three persons suffering from asthma. No. 1 was a boy 8 years old, subject to fortnightly returns of three days duration, and I gave him fifteen drops fluid extract in an equal quantity of syr. ipecac, repeated every three hours. The first dose materially relieved him, and after taking the third dose he has been free from his asthma ever since, now full seven weeks.

No. 2, a man æt. 61, has had severe asthma for the last twenty-five years; gave him thirty drops fluid extract with same quantity syr. ipecac, and ten grains bromide of ammonium in water ℥ ss, repeated every four hours; this was at 8 o'clock at night. At 9 the next morning he presented himself free from his asthma, and says he has tried almost everything, but the above was the only thing that had such rapid effect.

No. 3 was a case of nervous asthma, in which I gave the man twenty-five drops of fluid extract in water, to be repeated every three hours, if necessary. He only took one dose which cut short the attack for the time, and when I have a full supply he is going to give the grindelia a fair trial to see if it will cure him.

A. E. REMINGTON, M. D.

BULLS, New Zealand, April 22, 1880.

Senecio Aureus.

In the May number of your journal I see the article senecio aureus spoken of as "a tonic and sedative" to the uterus. From considerable familiarity with it both personally and seeing others use it, I am prepared to endorse the fact of its tonic qualities, but must enter my protest to the statement that it is a sedative at all. That it tones and soothes the nervous structures is incontestable; it is useful in uterine neuralgia, rheumatism of that organ, and gestative achings and crampings; and that it is valuable in many atonic conditions of the womb cannot be doubted; but it does not accomplish these desirable ends by any process of sedation. On the contrary, it tones and strengthens the very organs and structures that it soothes, and leaves them in a condition much better fitted to perform their normal functions than it found them.

Warm infusion of it expediates parturition. It has been found valuable in affections of the kidneys with female ailments. Also as a tonic in old coughs, and the same in chronic dysentery.

W. F. TAIT, M. D.

GALESBURG, ILLINOIS, May 22, 1880.

A Compliment to an American Pharmacist.

I have great pleasure in testifying that the samples of drugs handed me at the last meeting of the British Medical Association by the agent of Messrs. Parke, Davis & Co., of Detroit, Michigan, U. S. A., have fully justified the high opinion I then formed of them. They are not only thoroughly reliable, but so prepared as to combine efficiency with convenience, and would be absolutely unrivalled if it were not for the dosimetric preparations of Chauteaud & Co., of Paris. Yet even these are incomplete without the more recent preparations of Parke, Davis & Co., who have certainly solved the problem of rendering drugs, otherwise nauseous, inoffensive to the palate, and altogether easy of administration.

EDWARD HAUGHTON, M. D., B. A., M. R. C. S. E.

SPRING GROVE HOUSE, UPPER NORWOOD, S, C., LONDON, April 12th, 1880.

Monardo Fistulosa.

Since receiving the two pounds fluid extract monardo fistulosa I have had time and opportunity to regulate the dose, which is as follows: For adults, one drachm, given every three hours, beginning at the height of the fever; for children from fifteen to forty drops, according to age, to be omitted when profuse sweating occurs. With these doses I have seldom failed in curing uncomplicated intermittents, especially where quinine does not agree, or has failed. I thought I had better give you my observations, as the use of an insufficient dose and consequent failure, would soon disgust the profession with its use, and thus would be lost the benefits of a truly valuable remedy.

C. M. WOODWARD, M. D.

TECUMSEH, Mich., June 2, 1880.

Cascara Cordial.

I have tested cascara cordial in my own family, in a case of obstinate habitual constipation which has resisted all other remedies. It gives me great pleasure to be able to state that it has met all the indications in the most satisfactory and agreeable manner. In my career as a student and physician, a matter of twenty-seven years, I have never seen anything to equal it. Indeed, the satisfaction is so great that were it possible to use more forcible language, I should certainly do it. I shall take pleasure in speaking of it to my professional brethren.

THOMAS J. WHEEDEN, M. D.

55 SANDS ST., Brooklyn, N, Y., June 4, 1880.

Berberis Aquifolium in Chronic Eczema.

I have given berberis aquifolium a fair trial as an alterative in the treatment of a severe case of chronic eczema. Patient eighteen months old, disease one year's standing, eruption covering whole surface of body. After giving all the usual remedies a fair trial, as a last resort, I obtained two ounces of berberis aquifolium. Ordered five drops four times in twenty-four hours. Three-fourths of the quantity is taken, and the hideous little monster is now a lovely child, well, bright and happy.

CASWELL T. POE.

GRAND ISLAND, NEB., May 24, 1880.

The Therapeutic Gazette

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CARL JUNGK, Ph. D. } Editors.

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Summer Complaint in Children.

THE season of the year has about arrived in which diarrhœal disorders, especially among infants, are rife, and the mortality reports of the next two or three months will show a sudden large increase in the number of deaths among those below three years of age. Parents with children in their second summer have already commenced to feel anxious, and not without cause, for unless the approaching dog days differ in their effects on the little ones from those of other years, the white hearse will be a painfully familiar sight on our streets.

The connection between the "summer complaint" (diarrhœa) of children and the warm weather, is a question which has long engaged the attention of the profession. Some have maintained that there is no necessary connection, but that the cause of the bowel difficulty is dentition, during which process the alimentary canal is in a peculiarly irritable condition. The fact, however, that children suffer from no trouble with the bowels, when teething during cold weather, would seem to negative this view. For our part we have long been convinced that neither dentition nor the warm weather is the immediate cause of the annual trouble with the children. Warm weather is, however, the indirect cause through the influence it exerts on the child's diet. Doubtless dentition, which excites a condition of general erethism, has its influence on the alimentary canal, but why this influence should be specifically exerted on the bowels is something too unintelligible to be accorded credence. Experience has, moreover, convinced us that no such direct unfavorable influence is exerted, but that with scrupulous atttention to the matter of feeding children on physiological diet, and administering that diet before it shall have taken on the deleterious changes due to decomposition, children are scarcely less liable to bowel complaint in summer than they are in winter. Milk which has taken on lactic acid fermentation is positively poisonous to the child, and it does not necessarily follow that his process has not set in in even fresh milk. During the heated term the fluid has been found to be acid on leaving the cow's udder, and especially so in cases in which the animal has been fed on swill, and either confined in ill-ventilated stable or exposed during most of the day to the direct rays of the sun. In commencing the treatment of infantile summer diarrhœa, the physician who neglects an examination into the nature and quality of the child's food labors under a great disadvantage. This much for hygiene.

No effective treatment of summer diarrhœa of children can be conducted which does not differentiate between the varieties of the affection. The diarrhœa must be regarded rather as a symptom than as a disease, and should direct attention to a cause. Is this cause the pernicious habit which mothers have of nursing the child every time it opens its mouth, and thus overloading its stomach with matter which it cannot digest, the mother must be enjoined to nurse her child at regular intervals. If an acid condition of the primæ viæ is the cause, alkalies, as lime water, must precede all other treatment. If the teething causes the erethism we have referred to, the gums must be lanced, and that too in spite of the senseless prejudice which some practitioners entertain against this practice. Let it be done even though the tooth is deep. The fear that the gum will heal before the tooth reaches the surface and thus form a resisting cicatrix, is groundless. It requires but a very superficial knowledge of pathology to demonstrate the groundlessness of this fear. A cicatrix if it does form will offer less resistance than the normal tissue, it being, as is cicatricial tissue in other situations more readily broken down.

In the greenish discharges we have reason to attribute the cause to indigestion of sugar, and it follows that both sugar, and sugar-containing food should be entirely eliminated from the dietary in such cases. In such cases extract of malt through its influence on starch digestion may be given with profit. As a diet koumiss is said to be unexcelled. The original source of this article is Tartary, where it is prepared from mare's milk; it may, however, be made of almost as good a quality from the milk of the cow. In it the sugar has undergone that change which the stomach, in these cases of intestinal trouble referred to, fails to accomplish. It may be prepared after the following formula:

Take of grape sugar half an ounce, dissolve it four ounces of water, and about two ounces of milk, and mix it with twenty grains of Fleischman's yeast, obtainable at almost any grocery store, otherwise well washed and pressed brewer's yeast may be substituted; mix the two in a champagne bottle, which is to be filled with good cows' milk to within two inches of the top. Cork it well, securing the stopper with wire or cord; place the bottle in a cellar or ice chest where the temperature is 50° or less, and agitate it three times daily. At the expiration of three or four days the koumyss is ready for use. It should be consumed within four or five days.

There is still another form of "summer complaint" viz., cholera infantum. Whether this form is a cause or an effect of the characteristic vomiting and purging we are not prepared to say. This much is, however, certain: it is essentially a neurosis, and that treatment is attended by the

best results which recognizes the disease as such. Many children are annually lost through the overlooking of this fact, and hence by having medication directed to the symptoms. In the more acute of such cases bromide of potassium is invaluable, and in the sub-acute, nux vomica. When the vomiting is severe and explosive, a blister to the nucha is sometimes followed by remarkable betterment.

The immense drain on the fluids of the system from the watery diarrhœa is usually found to cause serious embarrassment of the kidneys, creating an abnormal disproportion in the amount of solids in the urine, and leaving the little patient subject to uræmic poisoning. The kidneys must, therefore, receive attention, and we have found a mixture containing acetate of potash and sweet spirit of nitre valuable in such cases, commenced early in the affection and continued until the normal quantity of urine has been re-established.

Astringents should be refrained from in all cases of "summer complaint" whether this be diarrhœa pure and simple, or the result of any of the causes we have referred to, until the factors in the causation have received attention. After these have been removed, astringents will usually be found necessary for their action on the impaired tonicity which usually remains, of the mucous membrane of the alimentary tract. In selecting the particular article to be given in such conditions, it appears that something more than pure astringency is requisite. Tannin, the active principle of the vegetable astringents, is not usually successful, and different degrees of success follow the employment of the various drugs, sometimes the one of lesser astringency being the more successful. This is a fact familiar to all. Among the astringents adapted to this class of cases, we would ask the attention of our readers to three of the newer remedies, coto bark, sarracenia flava and cercis Canadensis. These remedies deserve a much higher reputation in the treatment of the bowel complaints of children than their limited trial has as yet won for them.

Nitro-Glycerine.

THIS agent was discovered by Sobrero in 1847. Its chemical properties have been fully investigated by Mueller, Dupré, Railton and others. It is commonly prepared by what is knownas Liebe's process. Half an ounce of dehydrated glycerine being poured with constant stirring into a mixture of two ounces oil of vitriol and one ounce fuming nitric acid of the specific gravity of 1.52—the temperature of the mixture being kept below 77° F. by external cooling with ice; and as soon as oily drops begin to appear on the surface, the mass is poured with constant stirring into fifty ounces of cold water. Nitro-glycerine then separates, and may be purified by washing and drying in small quantities in a vapor bath. It then appears as a sweet, opaque, milky looking, oily fluid, but on careful drying by exposure to heat in a warm room, or in flat dishes containing thin layers, it becomes dehydrated and forms a transparent, colorless, oily fluid. It is slightly soluble in water, and freely in alcohol and ether, as it is also in fats and oils. It is, although slightly volatile, inodorous and has a sweet, pungent, aromatic taste.

This agent, until recently, has been known only in the arts, being principally employed as an explosive in mining and blasting operations, and forming the basis of the compounds known as dynamite, glyoxylon, dualin, etc. Something over twenty years ago some observations were made, having the possible therapeutic properties of the article in view. These were made by Mr. Field, of Brighton, England, but this gentleman having commenced with too large a dose experienced sensations which discouraged him from a further trial. Latterly, the article has been revived as a medicinal agent, by Dr. Murrell of London, and it is principally through the reported results of this gentleman's experience, that the article has assumed the importance which is now attached to it. Dr. Murrell's observations were made both on himself and friends and patients. His first experience with it was on applying the moistened cork of a bottle containing a one per cent. solution to his tongue. In a few minutes he experienced a violent pulsation in the head, which rapidly increased and soon became so severe that each beat of the heart seemed to shake the whole body. Subsequent observations on himself revealed this as one of the physiological effects of the drug. The acceleration of the pulse was found to be very constant, sometimes, however, not amounting to more than ten beats in the minute. The temperature remained unaffected.

The chief interest, of course, attached to the drug, is connected with its practical application in the treatment of disease. For some time past it has been used as a remedy for neuralgia, but owing, probably, to the disagreeable effects liable to follow an overdose, it has not been submitted to that thorough trial in the disease, which its properties would seem to merit. It is, undoubtedly, an anti-neuralgic of great value and should have a thorough trial, especially in those cases, which are but too numerous, in which the usual remedies, quinine, phosphorus, strychnia, chloral, etc., have proved unavailing. Nitro-glycerine, however, is now chiefly remarkable for its decided properties in the relief of angina pectoris. It is largely employed in the London hospitals as a remedy against this most terrible of diseases, and certainly the results attending its use establish it as an article of great merit. A number of cases are reported in which a perfect cure has resulted from its employment. This is, probably, more than can be said of any other remedy. The article may be given either in solution or in the form of pills. The latter form has the advantage of assuring a greater uniformity in the dose, and is much more convenient for prescribing. The danger which might be supposed to result from the known terrible explosive property of nitro-glycerine, is practically absent from the article in the form in which it is administered as a medicine. The pill mass may be thrown into the fire, or beaten on an anvil with perfect impunity. The valuable properties which the drug has developed within the past year, particularly, will result in fixing it as one of the standard remedies in the class of diseases in which it has thus far been recommended. Doubtless it will develop other properties with a more extended trial, and indeed, it has already been spoken of as an efficient diuretic.

Hints to Botanical Inquirers.

INFORMATION concerning our native medicinal plants, their distribution and abundance, and especially facts respecting their usefulness based upon actual trial and observation, are exceedingly desirable and are always welcome. It is with the hope of giving a more thoroughly scientific character to this department of the GAZETTE that we offer a few suggestions to our correspondents who favor us from time to time with specimens and inquiries. In the first place some of the specimens that reach us are of very common occurrence, and ought to be recognized or readily identified by any one who has even an elementary knowledge of botany, and such knowledge is very readily acquired. Any physician who is sufficiently interested in the subject to gather specimens of flowering plants and can devote even a small amount of time to their study, can, in a single summer, or in less time, make himself expert in the analysis of plants. Get a copy of Gray's Lessons and Manual of Botany, read the text carefully, look up the technical words as they occur, and use them until they are familiar; follow out the author's examples of analysis, then get a well developed specimen of some flowering plant and try to analyze it by means of the key and descriptions. Two or three trials will make it easy, and it will be found that the analysis of a large proportion of our flowering plants can be made independently and satisfactorily, and they can then be studied and reported upon at leisure. Yet difficulties will often occur. The plant may not be within the range of the manual, or it may be a variety not fully described, or perhaps it is a cryptogamic plant, or for some other reason its determination may be found impracticable. In all such cases we shall be pleased to receive the specimen and to communicate such information respecting it as we may have at hand, and in order to do this satisfactorily we must ask the intelligent coöperation of our correspondents. Sometimes we are asked to identify a species from a single leaf. Now it is not infrequently the case that a leaf is so characteristic that the species to which it belongs may be determined by the leaf alone or even by a portion of it. This is true of such plants as the sundew, various heaths and composites and many others, but there are very many more species in which the identification by this means alone is simply impossible, and no botanist would be willing to undertake it. Again we frequently receive immature specimens, the flowers have scarcely opened and the fruit has not formed at all. Now botanical characters are drawn very largely from the fruit, and while it may be found possible to decide upon the species in its immature condition, its identification is far more ready and certain if it is well developed and approaching maturity. Still further, the specimens come in all sorts of shapes, gathered in handfuls, discolored in drying or mouldy from lack of drying, broken and mixed up generally, and we have to "go through" them with a kind of heroic desperation, thankful if some of them can be straightened out of the confusion and made to take on some resemblance to their original form. A much better way, and one that requires but a trifle more time, is this: Gather singly specimens of the species you wish examined; take the entire plant, root, stem, leaf, flower, fruit. Having collected three or four specimens, taking care that they are typical and show well the peculiarities of the species, spread them out and press them in a large book, or better between sheets of coarse, dry paper under a board with a heavy stone on it. If the plants are succulent change the papers once or twice. No apparatus whatever is required. The only conditions which it is necessary to fulfill are that the plant be *dried rapidly under considerable pressure*. Specimens pressed in this way may be laid in a sheet of paper, protected by two pieces of card-board, and sent as fourth class mail matter at the rate of one cent an ounce. In a letter to us state locality, date of collection, and any other facts which appear to be of importance or interest. Plants prepared in this way are of scientific value, and we shall be glad to receive any number of them.

Detroit as a Summer Resort.

THE heated term is upon us, and as the doctor, idle man though he be, and free from cares, sees the poor, fatigued, overworked and careworn minister of the gospel leaving his beloved flock to provide for a season for their own spiritual necessities, and the limb of the law, weighed down and old before his time with a sense of the solemn responsibility which the seeking of the ends of justice imposes, throwing aside for a season his briefs and hanging the scales of justice on a peg, and hieing themselves away, anywhere, anywhere to get rid of dull care, the temptation to turn his clientele entirely over to his trusty coadjutor, *vis medicatrix naturæ*, and to follow minister and lawyer, becomes well nigh overmastering; and if only a little urging is necessary to bring him to yield, we would do that urging, but would advise him, in justice to himself, perhaps as much as to his patient, to place the latter, before leaving, under the care of some brother who will remain at home till he gets back. We have no fault to find with our ministerial or our legal brethren. They are perfectly right in taking their vacation, but the rightfulness of their doing so makes the necessity for physicians following their example more apparent and more imperative. None are supposed to know better than physicians the necessity of an annual season of rest, but few are less mindful than they of this necessity. We deem any argument in favor of a month's rest and recreation during the year, and preferably during the heated term, superfluous.

The necessity for a vacation being conceded the question arises, where is the best place to go to? We would put in a plea for Detroit. Our city is itself universally conceded to be the most beautiful on the continent, and the facilities for recreation both in it and in its immediate vicinity are unsurpassed. The Detroit river, the finest in the world, on the authority of travellers, rushes on one side of us at a current of from three to four miles an hour—a sufficient speed to keep the sewers thoroughly clean, and the city correspondingly healthful, as our physicians are prepared to testify. The river is studded with beautiful islands, any one of

which may be reached in a few hours, and at a cost for trasportation, on superb steamers provided with bands of music, not exceeding twenty-five cents. Fishing is unsurpassed and the disciple of Isaac Walton can find here his ideal sport. Visitors can be supplied with board at our excellent hotels at rates which, with the cost of visiting the beautiful wooded islands, or of riding continuously during the day upon the bosom of our beautiful stream, need not involve an expense of over ten or twelve dollars a week. Our city with its immediate suburbs numbers nearly 135,000 inhabitants, and furnishes all the evening amusements that can be desired.

The above are some of the advantages we offer and we know of no place that offers even a tithe of their number at such a moderate expense. We would urge upon our readers, and especially those living in inland localities to come to Detroit when they take their summer vacation, and when they come we trust they will not forget to call and see us. We shall give them a hearty welcome,

Book Reviews and Notices.

Notes of Hospital Practice. Part 2—New York Hospitals. Edited by Samuel Miller, M. D., Philadelphia, Pa. Samuel L. Miller, M. D., publisher. 1880.

Part 1, Philadelphia Hospitals, was so favorably received by the profession that two editions have already been exhausted, and a third edition is necessitated to fill the demand. Part 2, New York Hospitals, is now issued. The object of the publisher in presenting these notes to the profession was to provide them with a reliable and condensed statement of the latest and most uniformly successful methods of treatment employed by eminent New York and Philadelphia physicians in a variety of every day diseases. The work is essentially a book of treatment, and as such we cordially recommend it, not only to our readers, but the profession generally. The notes in Part 2 are taken from the practice of Drs. A. Clark, Piffard, Loomis, Flint, Sands, Thomas, Hamilton, and others of celebrity. To make these notes more useful, an index should be added to each part, for without it they are, in a measure, practically out of reach to the busy physician.

A System of Medicine. Edited by J. Russell Reynolds, M. D., F. R. S., Fellow of the Royal College of Physicians, London, etc., etc., with numerous additions and illustrations by Henry Hartshorne, A. M , M. D., Fellow of the College of Physicians of Philadelphia, etc., etc. In three volumes—Vol. 3: Diseases of the Digestive—Blood-Glandular—Urinary—Reproductive—and Cutaneous Systems.
Philadelphia: Henry C. Lea's Son & Co. 1880. For sale by subscription only. Price, in cloth binding, $15.00; in leather, with raised bands, $18.00. For sale in Michigan by Macauley Bros., 183 Woodward ave., Detroit.

This volume completes this great and comprehensive work on medicine. Its contributors rank with the first minds of the United Kingdom of Great Britain, and its American author stands in the front rank of American physicians. This fact is sufficient to endorse the work, without any notice of ours, as the latest reliable information upon the science of medicine. Our time and space prohibit the entering upon any review, and we can only recommend it to the reading members of the profession as a valuable source of information, and also that it should be a component part of every medical library.

The Transactions of the American Medical Association. Instituted, 1847. Vol 30. Philadelphia, 1879. From the Librarian.

There are many who pooh-pooh at these annual Transactions, and call them a useless waste of paper and ink. This complaint comes principally from those who are not members, or have not their names as authors, or have been disappointed in reaching position in the Association. Could time be had, a resumé of the addresses and papers contained in its thirtieth volume would show that they have been fully up to the times, and have even furnished new ideas that time has proved valuable. The present volume compares favorably with its antecedents, and maintains the reputation of the Association both as to quality and quantity of papers. The publishing committee has presented the volume to the members in good style, but we cannot see the reason why the last and this volume should have the lettering on the back changed from that of the twenty-eight preceding volumes. There is decidedly taste in uniformity.

The Practitioner's Reference Book. By Richard J. Dunglison A. M., M. D., editor of "Dunglison's Medical Dictionary," Secretary of the American Academy of Medicine, etc., etc. Second edition revised and enlarged.
Philadelphia: Lindsay & Blakiston. Price, $3.50.

Owing to voluminous additions this edition is nearly one-half larger than the first. As its title indicates, it is a reference book, and contains, we may safely say, every thing that is not contained in any other work pertaining to medicine. 1st. It gives the Hippocratic oath, discusses all about weights and measures, the metric system and how to convert it. 2d, Therapeutical and practical hints. Rules for the practitioner. Rules of medical etiquette. Doses of all kinds and for all ages. 3d. Dietetic rules and precepts. 4th. How to conduct a post-mortem examination, etc., etc. It is a most valuable book, especially to the young practitioner, upon the shelves of whose library it should have a prominent place. Especially is it a valuable book for the country doctor, whose means of information is often times necessarily limited, and whose time does not permit him to read the more extensive works from which this volume is collated. It is also valuable to the city doctor, as it serves to refresh his memory on the many things he may suddenly need in the routine of daily practice. A copious index adds to its value. We cordially recommend it to the medical profession.

Lessons in Gynæcology. By William Goodell, A. M., M. D., Professor of Clinical Gynæcology in the University of Pennsylvania, etc., with ninety-two illustrations.
Philadelphia: D. G. Brinton, 115 South Seventh St., Detroit: E. B. Smith & Co.

Second edition.—In the preface of this edition the author informs his readers that the unlooked-for success of the first edition, although exceedingly gratifying, did not close his eyes to many shortcomings, and hence he has tried to make this edition a better one. To this end each lesson has been carefully revised and enlarged by fresh matter. Four new lessons have been added, and twelve more illustrations. In the September number of New Preparations we expressed our good opinion of the first edition. The second is still better. We cordially recommend it to the young

men of the profession, particularly, as a safe and judicious guide in matters pertaining to gynæcology, especially when they are out of the reach of the aid furnished by a consultation. It is the right kind of a book to be in every medical library.

Pathogenetic Outlines of Homœopathic Drugs. By Dr. Med. Carl Heinigke, of Leipzig. Translated from the German by Emil Tietze, M. D., of Philadelphia.
Boericke & Tafel, 145 Grand St., New York, and 635 Arch St., Philadelphia. 1889.

This work treats of homœopathic drug-potencies and their preparations. The registration of symptoms has been arranged according to the Anatomico-Physiological Schema. The repertory added was compiled by Dr. Puhlman, for many years the polyclinic assistant of Dr. Heinigke. Did we entertain the peculiar views of the author and the system of practice he follows, we doubtless would comprehend more easily the infinitesimal action of medicines, or drugs. But when he says that "blood obtained by venesection after the use of chlorate of potassium is very viscid and sticky," we have some doubts as to the correctness of his observations. The book is presented in good type, printing, and paper, and handsomely bound, and will be appreciated by all those who entertain the doctrine of homœopathy.

Treatise on Therapeutics. Translated by D. F. Lincoln, M. D., from the French of A. Trousseau, Professor of Therapeutics in the Faculty of Medicine of Paris, etc., etc., and H. Pidoux, Member of the Academy of Medicine, etc., etc. Ninth edition revised and enlarged with the assistance of Constantine Paul, Professor Agrégé in the Faculty of Medicine of Paris, etc., etc. Vol. I.
New York: Wm. Wood & Co., 27 Great Jones St. 1880.
Detroit: E. B. Smith & Co.

This work is Vol. V of Wood's Medical Library for 1880, and treats of reconstituents, astringents, alteratives, and irritants. The typical reconstituent is iron, and the typical disease for which it is the remedy, is chlorosis. Consequently it is not considered either as an astringent, an alterative, or an irritant. Seventy pages are devoted to this subject, every one of which is full of valuable information. The same can be said of chapter II, which is devoted to astringents, of chapter III on alteratives, and of chapter IV on irritants. The name of Trousseau is sufficient guarantee for the value of this work, and makes the series yet more valuable to the student of medicine.

Water Analysis for Sanitary Purposes, with Hints for the Interpretation of Results. By E. Frankland, Ph. D., D. C. L., F. R. S., vice-president of the Institute of Chemistry of Great Britain and Ireland. Prof. of Chemistry in the Science Schools, South Kensington, etc., etc.
Philadelphia: Presley Blakiston, 1012 Walnut St. Price, $1.00.

The author in his introduction informs his readers that "pure water, so-called, is not to be found in nature," whether falling from the clouds or springing from the earth it is full of impurities in a chemical point of view. The object of this work is to show how these impurities are to be detected and to determine how far they are prejudicial to health. To the hygienist as well as the chemist it is of great value, and also to the physician it has its uses, as it teaches him how to detect deleterious matters in water when beyond the reach of the practical chemist. A full index completes the work. For sale in Detroit by E. B. Smith & Co.

A Guide to the Practical Examination of Urine for the use of Physicians and Students. By James Tyson, M. D., Professor of General Pathology and Morbid Anatomy in the University of Pennsylvania, etc. Third edition revised and corrected with illustrations.
Philadelphia; Lindsay & Blakiston. Price, $1.50. Detroit: E. B. Smith & Co.

That "Tyson on the Examination of the Urine" has passed through three editions is evidence of its value and its appreciation by the profession. It is an American work by an American author, and issued by an American publisher. It tells all about the urine and how to know all about it. More we cannot say. We commend it to every physician and every student of medicine. Years ago the "uriscopist" was considered a humbug, but to-day a knowledge of the constituents of the urine is of the greatest importance, especially in diagnosing disease, and the ground of an opinion as to the durabilities of life in an examination for life insurance.

The Management of Children in Sickness and in Health. A book for mothers by Amie M. Hale, M. D.
Philadelphia: Presley Blakiston.

This is a practical little book which every mother and every nurse should read, and after reading should pay attention to its precepts. In a work of this kind we think treatment should have been omitted. Experience informs us that more children die from domestic judgment in the application of remedies than from disease itself, and chiefly from the reason that the mothers and nurses cannot make out a proper diagnosis of the disease. With this exception the book is highly commendable.

The above works are intended more for public reading, and as such should be in every family library. They are written in a pleasant, familiar manner and abound in valuable information. They are for sale in Detroit by E. B. Smith & Co.

Health and Healthy Homes. A Guide to Domestic Hygiene. By George Wilson, M. A., M. D., Medical Officer of Health for Mid-Warwickshire Sanitary District, and author of "Hand Book of Hygiene and Sanitary Science," (fourth edition), with notes and additions by J. G. Richardson, M. D., Professor of Hygiene in the University of Pennsylvania, etc., etc.
Philadelphia: Presley Blakiston, 1012 Walnut St., Price, $1.50.

This work relates particularly to domestic hygiene, which it treats in a systematic and comprehensive manner. Chapter I is introductory, and is devoted to statistics. II, discusses the human body, and is anatomical in character. III, treats of the causes of disease. IV, discusses food and diet. V, cleanliness and clothing. VI, exercise, recreation, and training. VII, the home and its surroundings. VIII, infection, diseases and their prevention. A full index is added.

The Atlantic Monthly. Devoted to Literature, Science, Art, and Politics. Vol. XLVI, No. 274. August, 1880. Contents: "The Stillwater Tragedy," XVII.-XXII. By Thomas Bailey Aldrich. "Sicilian Hospitality." By Lugi Monti. "Kintu." By Susan Coolidge. "The Surgeon at the Field Hospital." "Mr. Hunt's Teaching." By F. D. Millett. "Pepacton: A Summer Voyage." By John Burroughs. "The Arch Bishop and Gil Blas." By Oliver Wendell Holmes. "Sylvia's Suitors: A Little Episode." By Louise Stockton. "Among the Pueblos." By Susan E. Wallace. "Edward Mills and George Benton." A tale. By Mark Twain. "Alien Sin." "The Preceptor of Moses." By Francis H. Underwood. "An Englishwoman in the New England Hill Country." "The Red Immortal." By T. W. Higginson. "Taurus Centaurus." By Richard Grant White. "The Republicans and their Candidate." "Some Amusing Books of Travel.

"Professor Fisher's Discussions." "Henry Armitt Brown." "Natural Science and Religion." "Italian Poetry." "The Contributor's Club: What's in a name? Self-Ennobled Frenchmen and Germans.—Poe and his Many Lives.—An Ear for Grammar.—A South American Enthusiast." Boston: Houghton, Mifflin & Co. New York office: 21 Astor Place. The Riverside Press, Cambridge. Terms—Single Numbers, 35 cents. Yearly Subscription $4.00.

Pamphlets Received.

Monthly Bulletin of the North Carolina Board of Health. Wilmington, N. C., March, 1880. Compiled by Thomas F. Wood, M. D., Secretary.

Report of the Proceedings in the Case of Ruths vs. Reuling. Tried in the Circuit Court of Howard County, Md., March term, 1880.

Annual Announcement and Catalogue of the Thirteenth Session of the Medical Department of Howard University, Washington, D. C. 1880-1881.

Modern Abuse of Gynæcology. By Clifton E. Wing, M. D., Boston. Read at a meeting of the Suffolk District Medical Society, April 10, 1880.

Diseases of the Maxillary Sinus. By Edward Borck, M. D., of St. Louis, Mo. Reprint from Indiana Medical Reporter, Evansville, Ind., April, 1880.

A Case of Compound Dislocation of the Wrist. Reported to the St. Louis Medical Society by Edward Borck, M. D. Reprint from the Transactions.

Ovarian Tumors—At What Stage of the Disease is it the Proper Time to Operate? By Edward Borck, M. D. Reprint from the Cincinnati Obstetric Gazette, March, 1880.

A Postural Method of Copulation for the Cure of Some forms of Sterility in the Female. By Walter R. Gillette, M. D. Report from Archive of Medicine, February, 1880.

Thomas Keith and Ovariotomy. By J. Marion Sims, M. D., LL. D., of New York (with portait). Reprint from American Journal of Obstetrics and Diseases of Women and Children. Vol. xiii, No. 11, April, 1880.

Alcohol in Health and Disease. By R. M. Bucke, M. D., Medical Superintendent of the Asylum for the Insane, London, Ontario; author of "Man's Moral Nature." Price, ten cents. London, Ontario.

Mismanaged Labor the Source of much of the Gynæcological Practice of the present day. By Joseph Taber Johnson, M. D., Washington, D. C. Reprint from Vol. IV Gynæcological Transactions. 1880.

To every word of which we say amen.

Remarks on Rectal Feeding in Disease. By Wm. Warren Potter, M. D., Batavia, N. Y., Physician to the New York State Institution for the Blind. Read before the N. Y. State Medical Society, Feb., 1880, and reprinted from the Medical Record, April 10, 1880.

The Bromide of Ethyl as an Anæsthetic. By J. Marion Sims, M. D., LL. D., (read before the New York Academy of Medicine March 8, 1880.) With discussion on the same by Drs. Sims, (Philadelphia) Squibb, Dalton, Post, Piffard, Little, Wylie and Roberts, Philadelphia.

The Treatment of Puerperal Septicemia by Intra-uterine Injection By Edward W. Jenks, M. D., LL. D., Chicago, Ill. Report from Vol. IV, Gynæcologial Transactions. 1880. On Coccygodynia. A lecture delivered in Chicago Medical College March 20, 1880, by the same author. Reprint from Medical Record of New York, Vol. XVII, No. 16, April 17, 1880.

The Abuses of Medical Charities. By M. P. Hatfield, A. M., M. D., Professor of Chemistry, Chicago Medical College, and Roswell Park, A. M., M. D., Demonstrator of Anatomy, Chicago Medical College, and read before the Chicago Medical Society Feb. 2d, 1880, to which is appended the report of a committee appointed by the Society. Reprint from Chicago Medical Gazette, May 5, 1880.

Circular No. 35, to the Health Officers. Relative to the Work of Health Officers and of Local Boards of Health in Michigan, being a modification of Circular No. 28. Circular relative to notices of diseases which endanger the public health. Duties of physicians, householders, and others. To supervisors and other township officers, presidents and other officers of incorporated villages, and to mayors and other officers of cities, being Circular No. 34, a modification of No. 25, embodying one new law and one amended law on this subject.

The Alienist and Neurologist. A Quarterly Journal of Scientific, Clinical and Forensic Psychiatry and Neurology. Intended especially to subserve the wants of the general practitioners of medicine. Edited by C. H. Hughes, M. D., and an associate corps of collaborators. St. Louis, 1880, Vol. i, No. 2. Terms, $5.00 per annum in advance, three copies for $12.00, specimen copies, $1.25 each.

The number before us fully carries out the promises of the prospectus, and Bro. Hughes has our best wishes for success, and we see no reason why he should not succeed. The journal is intended to be an aid to the wants of the general practitioner, and to all such we cheerfully commend it.

Report of the Revision of the U. S. Pharmacopœia, preliminary to the Convention of 1880. Being a rough draft of the general principles, titles and working formals proposed for the next Pharmacopœia. Prepared and compiled by Chas. Rice, Chairman of the Committee. New York, 1880.

This report is the product of a committee on the revision of U. S. Pharmacopœia appointed by the American Pharmaceutical Association at the twenty-fifth annual meeting held at Toronto, Ontario, September, 1877, the Chairman of which was Charles Rice, of New York City. It is intended to serve as the basis of the chemical portion of the revision, and as such the author has well fulfilled his part. The therapeutical portion is left to the Medical Department as the proper persons to determine the value of remedies and their proper doses.

New Journals.

Transactions Medical Society of New Jersey, 1879. Compliments of William Pierson, Jr., M. D., Secretary.

The Veterinary Gazette. A monthly journal of practical veterinary medicine and surgery. Monthly. Issued on the 20th of each month. Office 409 East Eighty-Fourth St. Subscription price $1.50 per annum. Chas. A. Meyer, D. V. S., James Hamill, D. V. S., and Henry E. Earl, D. V. S., Editors and Publishers. Please exchange.

Announcements.

Twentieth Annual Announcement of the Arkansas University Medical Department. Session 1880-81. Located in Little Rock, Ark.

University of Wooster Medical Department, Cleveland, Ohio. Seventeenth annual catalogue, 1880-81.

Therapeutic Progress.

THERAPEUTIC SKEPTICISM.—The following extract, from a lecture by Dr. Roberts Bartholow, well describes the doubt that prevails as to the efficacy of the bulk of medicines—a deadly blight that is liable to fasten on the too scientific physician:

We constantly hear physicians complaining that the published results of others, in respect to the utility of a particular plan of treatment, can not be realized in their own experiences; that, although Davy cured paralysis by the inhalation of nitrous oxide, they can not succeed, although they have carefully observed all the conditions of the experiment. They entirely overlook the fundamental fact that one physician summons to his aid the mysterious mental force in hope, faith,

expectant attention; and another represses it, not consciously to himself, by a lack of personal enthusiasm, and still more, by a lack of confidence in his own powers, and in the power of his remedies—fatal defects in the character of the physician, which will not escape the keen scrutiny of the anxious patient. I will not use the vulgar term "personal magnetism," for it has no meaning, and the power is not a magnetic quality or power—not a mysterious gift possessed by the chosen few. That which inspires a supreme, unquestioning, all-pervading belief in the efficacy of the means proposed, is a reflex of the confidence of the physician—not a boastful, self-asserting egotism, not the blind faith of ignorant credulity, but the well-founded convictions of the enlightened therapeutist, confident in his resources from long experience of their capabilities.

The end to which all our studies are directed, as practical physicians, is the application of remedial agents to the cure of diseases. An unprejudiced thinker, to whom the subject was mentioned, would assert with confidence that gentlemen engaged in a pursuit requiring the use of certain agents to accomplish the desired results, would be most solicitous to inform themselves fully in respect to those agents. He would regard it as incredible that a considerable part of our profession are either indifferent or satisfied with vague notions, and that a still larger part fall into the routine methods with a few agents which have to do duty for all possible conditions. This widespread inappreciation, indifference, or igorance of the actions and uses of drugs is due partly to fashion, partly to the unpromising nature of the subject. Within a few years past a therapeutical nihilism has been the position occupied by many of the most influential leaders in modern medical thought. This movement is a result, in part, of the overshadowing importance of physiological and pathological studies. The founding of great laboratories, and the brilliancy of discovery in these departments, have attracted universal attention to those studies which have become the fashion. We see on every side the efforts put forth to give this direction to medical study and teaching. The desire of the time seems to be to make students, histologists, pathologists, microscopists, rather than sound practitioners, full of the humble but necessary knowledge of the practical departments of our art and science. I hold this to be a perversion of the duty of a medical school. Its first and highest duty is to instruct students, not to pursue minute researches, but to become thoroughly accomplished physicians and surgeons. No fact is more evident than that the highest order of physicians and surgeons are not men remarkable for their knowledge of microscopy, of experimental physiology, and the other branches of theoretical medical science; and, conversely, that the microscopists and pure physiologists are not remarkable as physicians, and, indeed, can not be. The attempt to pervert the proper purpose of medical schools, and to give merely a science aspect to medical teaching, is a fashion of the time, which, if it gain more adherents, is likely to do serious mischief to the cause of medical education. For young men, allured by the glitter of the scientific world, will neglect the important and really more difficult attainments of true professional studies.

It is a mere pseudo-science which is misleading so many and it has become commonplace to know something about drugs before prescribing them; the newschool of pathologists and physiologists look upon the whole business of medicine-giving as unscientific, and, therefore, unworthy the attention of the higher order of medical thinkers. It is a very fascinating doctrine, that to be ignorant of drugs is to be regarded as superior to commonplace—as being in the higher walks of medical life—and, hence, many make haste to adopt it, relying for the hereafter on mint-water in the treatment of rheumatism, and similar nihilistic absurdities. The great question of the times is, does it pay? Applying this utilitarian method to the subject, I answer, it does not pay to be ignorant of therapeutics, and I prove my position by some illustrative examples selected from those recently deceased, so as not to be accused of making invidious comparison. The most successful physicians Paris, Vienna, Berlin, London, Edinburgh have had for a generation, were Trousseau, Oppolzer, Traube, Todd, Begbie—all of whom were most careful students of therapeutics, have contributed to our knowledge of the subject, and were diligent prescribers of remedies. These great men were not only successful teachers and and clinicians, but had great local renown as practitioners, and each had a large clientele. I beg you will not, therefore, be misled by the depreciation of therapeutics by presumed medical scientists, who are not sufficiently scientific to feel their position assured, but must manifest their superiority by speaking contemptuously of the so-called practical branches.

Many who have started out on a medical career with a competent knowledge of therapeutics have been disheartened by a failure to obtain the expected results. Failures of this kind arise from two causes: First, from an incorrect appreciation of what nature and art respectively accomplish; and, second, from an inability to make a correct therapeutical diagnosis. The rage in our time is to make an accurate diagnosis of disease, and it is an enthusiasmto be encouraged, but there ought to be a corresponding desire to make an accurate therapeutical diagnosis—that is, to ascertain the remedy adapted to the form and character of the disease and condition of the patient. Into this problem many complex questions enter, and he only can solve it correctly who has an intimate acquaintance with the phenomena of disease, and with the whole range of rational and scientific therapeutics.

What art, what nature can accomplish, is a wide subject, which I must merely mention. It is a singular fact that but few young physicians, comparatively, recognize the limit of remedial power. The result is that they may begin with a blind, unquestioning faith, but they end with an unreasoning skeptictism.

Confronted at the outset of his career with the subjects of materia medica, a student may well stand appalled. A subject which embraces the mineralogy, the chemistry, the botany, the pharmacology of several hundred articles belonging to the three great kingdoms of nature, would seem to

require the undivided attention of a life given to the task. The student of medicine can not become sufficiently well informed in these sciences to utilize them in the study of the materia medica, and, at the same time, devote sufficient attention to his strictly medical studies. The result is, he abandons an undertaking which seems to him hopeless, cuts the subject of materia medica, and contents himself with the fewest possible facts in therapeutics. He enters into practice with crude notions, and is given to a boundless credulity respecting the curative powers of drugs, or he cultivates a skeptical dilettanteism, or becomes a skeptic, affecting a patronizing forbearance for the weakness of those who have faith in remedies. The condition to which the practitioners are now reduced in Paris is gravely stated in a letter which appears in a recent issue of the Lancet—so gravely that it can hardly be regarded as satirical: "No wonder therapeutic skepticism is now the rule with prescribers. Thanks to the enterprise of wholesale druggists, a host of elegant preparations are always at hand which relieve the scientific clinicien from the ridiculous absurdity of writing a useless formula. Now that diseases are allowed to run their normal course under the watchful eye of the medical naturalist, the exhibition of an inert but elegant granule, must be considered a vast improvement upon the active interference of our physicking forefathers."

No wonder that, at a recent meeting (November, 1879) of the Paris Academy of Medicine, there were loud demands for reform. No wonder that Dr. Andrew Clark, in that recent iconoclastic address, from which I have just quoted, cries out that therapeutics, "the highest department of our art, and one of its chief ends, is in a backward and unsatisfactory condition."—*Medical Record.*

THERAPEUTIC NOTES, WITH ESPECIAL REFERENCE TO THE TREATMENT OF PHTHISIS BY CHLORIDE OF CALCIUM.*—A great deal of the art of therapeutics as it is practiced amongst us is unwritten. We are sometimes shy about telling what we do for our patients, because we have not courage to brave the risk of being thought common-place. Useful as are our meetings, I believe their profit would be much increased if members would more frequently bring forward and compare their therapeutic experiences. Those of us who are in earnest and who believe that therapeutic art—an art which includes, but is much more than, the administration of combinations of the materia medica—can powerfully modify morbid processes and can powerfully aid the vis medicatrix naturæ, and who think of what we do, have done, have not done, and shall do for our patients, must be constantly arriving at conclusion, as the result of observation in our own practices, which modify, confirm, correct, extend or suggest extensions of what I may call our therapeutic conduct. These conclusions may not be able to bear the test of an exhaustive logical scrutiny; perhaps they are no less true, perhaps they are not more true, than John Wesley's belief that sulphur did his rheumatism good (Wesley was probably right in his opinion, notwithstanding the ridicule of Mill, and that grand logician's brilliant exposition of the strict logical limitations of a therapeutic inference); but if these conclusions, which we must be constantly forming for ourselves, are accepted by each of us as reasonable and responsible men as guides to our therapeutic action, they are as worthy of communication to our brethren, and I believe they are as interesting to them as the inspection of a rare case with striking objective manifestations, the demonstration of a pathological specimen, the description of a new operation, the exhibition of an ingenious instrument, or an elaboration of surgical statistics.

Have we a remedy for phthisis? We now know that the term chronic pulmonary phthisis includes a variety of pathological conditions and a variety of textural lesions in the lungs which have long been recognized as distinct, which recent research has done much to unravel, and about which we may still expect to learn more. We know the differing clinical and pathological courses of tubercular phthisis, unresolved lobar pneumonia, chronic catarrhal lobular pneumonia, and pulmonary cirrhosis. All these are included in the generic name phthisis. When I say have we a remedy for phthisis? I mean, have we a remedy for this allied group of conditions, due to varying pathological changes, but marked in common by progressive wasting of the body, by progressing asthenia, by progressing diminution of respiratory capacity, and by fever of a hectic type. Every case of phthisis requires special study, and can be treated by no rule-of-thumb practice because it is phthisis. In one case anæmia is prominent and calls for iron, perhaps for arsenic; in another, continued but small hæmoptysis calls for ergot or hamamelis; in another, a racking and frequent cough calls for opium, morphia, or codeia; in another, dyspepsia calls for alkalies or acids, or bitters, or pepsine; in another, nervous unrest calls for bromides; in another, laryngeal troubles call for special local medication; in another, we have to aim at controlling excessive sweating or checking an exhausting diarrhœa. Apart from these and other particulars, I suppose we are all agreed that cod-liver oil, given alone, or variously combined with other agents which tend to promote its assimilation, as will ether, and as suggested by Dr. Foster, stands at the head of remedies calculated to promote the general nutrition of the phthisical. Have we any other general remedy? For a long time I trusted to syrup of the iodide of iron. This I gave up for a mixture of hypophosphites and iron—five grains of hypophosphite of lime, ten grains of hypophosphite of soda, and fifteen minims of syrup of the phosphate of iron, for a dose. This is a good combination, and I still use it. But chloride of calcium is my favorite drug. I have used it for some years in hospital and private practice, and I believe with great advantage. Perhaps you will say, Do you give it alone? I do not. I give it with cod-liver oil, or with cod-liver oil emulsion, or with morphia, or with ergot; but my general impression is, quantum valeat, that I get better results with chloride of calcium with these combinations than I do with anything else in the same combinations. My attention was called to the

* Abstract of a paper read before the Birmingham and Midland Counties Branch.

value of chloride of calcium in phthisis by a paper in one of our medical journals, wherein it was stated that the drug was much used by the late Dr. Warburton Begbie. Scarcely mentioned, if noticed at all, in books on drugs, chloride of calcium has an old repute for the cure of strumous glandular swellings. In phthisis, I give ten grains dissolved in a drachm of water and mixed with a drachm of glycerine, in a wine-glassful of milk twice daily, immediately after meals. I think it tends to check night-sweats, to cause increase of weight, and to dry up pulmonary lesions. Of course I do not maintain it does these things in all cases. What I have stated are general conclusions, open, I am aware, to objection on the ground of their insufficient logical basis, but conclusions which have been and are for me grounds of therapeutic conduct. In prescribing chloride of calcium, we must be careful to write the name of the drug distinctly and in full, in order to avoid an error from which one of my patients suffered, namely, the substitution of "chloride of lime."—*Jas. Sawyer, M. D., in British Medical Journal.*

Therapeutic Value of the Hypophosphites.—Dr. F. Churchill (*British Med. Jour.*, 1880, p. 472) recommends the following formula, which he calls "Liquor Ferri Hypophosphitis Compositus." and of which the following is the percentage composition:

Ferrous hypophosphite .	2.77
Calcium hypophosphite .	3.5
Sodium hypophosphite .	3.5
Magnesium hyphosphite .	1.99
Hypophosphorous acid .	1.66
Water	86.58
	100.00

One fluid drachm is equal to 6.7 grains of the mixed salts. This liquor is mixed with raisin or other wine in the proportion of one part of the liquor to three parts of the wine, and may be given in half-ounce doses to children about ten years of age. The following formula is suitable for an infant, the dose being increased according to age:

℞ Sodii hypophosph., gr. vj;
Calcis hypophosph.,
Potassii hypophosph., āā gr. jv;
Glycerinæ, ʒ ij;
Aquæ, ʒ ij.

M.—Dose, 40 minims thrice daily in a little water.

This mixture must be made up as required, as the hypophosphites deposit after a time when suspended in glycerine. With the exception of a slight chalybeate flavor, this preparation may be said to be tasteless. A few drops on a lump of sugar dissolved in the mouth are agreeable and refreshing. It may be administered in milk or beef tea unknown to the patient. The preparation is particularly recommended in rickets, anæmia, tabes mesenterica, psoriasis, debility from prolonged lactation, in some forms of dyspepsia, in leucorrhœa, myalgia, and muscular pains, as well as in other diseases of debility.—*Phila. Med. Times.*

A Case of Poisoning by Phytolacca Decandra.—March 30th, 1880, was called to see H., infant, æt. two years. History. Had been playing "keep house" with a sister two years older, who, having invited the youngster to dine with her had placed upon her table the luxury, poke root, calling it sliced turnips. Not being able to go I sent my friend and pupil, Dr. J. R. Gray, who made the following report: Child had taken probably two ounces (as the mother said a handful), about 4.30 P. M. Vomiting occurred at 5.30. Dr. Gray arrived at 10 P. M. Found it vomiting and extremely restless, with constant thirst; pupils widely dilated, as much so as if a large dose of belladonna had been taken; pulse too fast to count, weak and wiry; tongue, mouth and fauces swelled, red and dry; great prostration. Gave Hartshorne's cholera mixture, every hour and a half. No change occurred for two hours; added digitalis and whisky toddy every hour, which caused an improvement in volume and distinctness. Left at 12 o'clock, ordering the treatment continued. 9.30 A. M., reported better; slept an hour, but had commenced to purge, probably from castor oil of which they had administered several doses on their own responsibility; I added ice to treatment and forbade all water except slippery elm.

2 o'clock P. M., March 31st. Seen by myself; resting easy; no vomiting since 11.30 A. M., when the ice and slippery elm water had been given; all the previous treatment had been continued; purging had ceased at 10 o'clock; pupils still dilated; pulse rapid but full and soft; tongue and fauces still red, but not swollen; drank half a glass of milk at 12 o'clock, and suckled at 1, falling asleep afterward, and being asleep when I arrived. Ordered all treatment discontinued and left the child asleep. Perfect recovery followed.—*A. W. Morris, in Med. and Surg. Reporter.*

Defibrinated Blood for Rectal Alimentation.—At a late meeting of the Therapeutical Society of New York, Dr. Andrew H. Smith, Chairman of the Committee on Restoratives, presented a report (New York Medical Journal, April, 1879) on this subject. From the facts before them the committee felt warranted in drawing the following conclusions:—

1. That defibrinated blood is admirably adapted for use for rectal alimentation.

2. That in doses of two to six ounces it is usually retained without any inconvenience, and is frequently so completely absorbed that very little trace of it can be discovered in the dejections.

3. That administered in this way once or twice a day, it produces in about one-third of the cases for the first few days more or less constipation of the bowels.

4. That in a small portion of cases the constipation persists, and even becomes more decided the longer the enemata are continued.

5. That in a small percentage of cases irritablity of the bowels attends its protracted use.

6. That it is a valuable aid to the stomach whenever the latter is inadequate to a complete nutrition of the system.

7. That its use is indicated in all cases not involving the large intestine, and requiring a tonic influence which cannot readily be obtained by remedies employed in the usual way.

8. That in favorable cases it is capable of giv-

ing an impulse to nutrition which is rarely if ever obtained from the employment of other remedies.

9. That its use is wholly unattended by danger. —*Am. Jour. Med. Sci.*

Hager's Digestive Pellets (Globuli peptici).—Dr. Hermann Hager recommends the following compound as an excellent digestive, to be taken after a hearty meal:

Cinchonidia sulphate, 5.0 grm.
Pepsin (not saccharated), 30.0 grm.
Ginger, powd., 3.0 grm.
Cardamoms, powd., 3.0 grm.
Pimento, powd., 3.0 grm.
Gentian root, powd., 6.0 grm.
Althæa root, powd., 6.0 grm.
Tragacanth, powd., 6.0 grm.

Mix and add to them a mixture of

Glycerin, 10.0 grm.
Hydrochloric acid, 6.0 grm.
Water, 6.0 grm.

Make into 300 (to 360) pills or globules, dry them in the open air for about ten hours, and cover them with pill varnish. These pellets are useful either after a hearty meal, or in defective appetite or digestion.

In the former case, according to the degree of "fullness" felt, four to five, or at most six pellets are taken, which, in the course of one hour, will cause the sensation to disappear. In defective appetite one to two pellets may be taken two or three times before the meal in intervals of one hour, and immediately after the meal three to four pellets. Children may take one to two. In gastric disturbances one pellet may be taken every thirty minutes or every hour, best with a little water.—*Pharm. Centralb.*, 1880, 37.

Rectal Alimentation and Medication.—Dr. J. W. C. O'Neal, of Gettysburg, says, in an excellent paper on the above subject, which appeared in the Transactions of the Medical Society of the State of Pennsylvania, at its Thirtieth Annual Session, 1879:

The physiology of the rectum as a lower stomach is not understood clearly; it is thought, however, to nourish through the powder of the absorbent vessels. That food is taken up and appropriated there can be no doubt. Precisely how taken up, or how appropriated, is not, as yet, clearly intelligible to the observer. Fæces held in the bowels after an invitation to be passed by nature, become dry, and at times hard, losing much of the moisture that renders them plastic when normal. Milk thrown into the rectum, when permitted to remain, parts with its nourishing properties in a similar manner. Soups, etc., send back only their effete matter. As the fluid is taken from the fæces, so are the nourishing principles picked from the articles of alimentation. Reasoning from this standpoint, may we not come to the conclusion that the use of a part may develop a function; and that a condition of disease may so sharpen a rudimentary power as to enable it to perform a duty hardly designed in the primary organization?

To get Leeches to Fasten.—Almost every physician has at times experienced the difficulty of getting these animals to bite. The following plan is commended, and will be found effectual in all cases when the leeches are healthy: Put the animals in a small glass vessel half filled with water. The part of the body which is to receive them is carefully washed with warm water, and the glass is quickly inverted upon the skin. The leeches attach themselves with surprising rapidity. When all the animals have bitten, the glass is carefully removed, the water escaping being absorbed by a sponge. If a single leech is to be applied, the same plan is adopted, using a test tube in place of a glass; by this means the animal may be compelled to bite at just the point desired.—*Ohio Med. Recorder.*

The Relationship of Diabetes to Insanity.—Dr. Santos shows, in Annales Med. Psychol., January, 1880, that diabetes sometimes alternates with insanity, in the same manner as pulmonary tuberculosis is known to do. In many cases of diabetes there exists a specific mental disturbance, characterized by depression, and occasionally leading to suicide. The intensity of the symptoms is directly proportionate to the amount of sugar in the urine. Later in the course of the disease the patient sinks into a state of quiet apathy, talking to himself, but is without delusions; this condition often lasts until death. —*Phila. Med. and Surg. Reporter.*

Iodide of Starch as an Antidote.—In a memoir read before the Medical Society of Florence, Dr. Bellini recommends iodide of starch as an antidote for poisons in general (La Presse Médicale Belge). This compound has no disagreeable taste, and has not the irritant properties of iodine; hence the author concludes that it may be administered in large doses. It may be given without fear in all cases where the poison is unknown. It will be found very efficacious in poisoning by sulphuretted hydrogen gas, the alkaloids and alkaline sulphides, ammonia, and especially by alkalies with which iodine forms insoluble compounds. In this respect it is preferable to iodated tincture of iodine. It aids in the elimination of salts of lead and mercury. In cases of acute poisoning an emetic should be given before the antidote is administered.—*Med. Press and Circular.*

New Remedies.

Analyses of Chian Turpentine.—The result of some recent analysis of samples of genuine and spurious chian turpentine may be of interest at the present time.

The first sample I examined was probably at least ten years old; and it is possible, though not certain, that it was a portion of the very sample reported on in Flückiger and Hanburys' "Pharmacographia." If this is not the case it came from the same source of supply. I need not repeat the description given in "Pharmacographia," for this drug corresponds accurately to it, except that from age it appears to have become somewhat more brittle, though without losing its plastic character.

The specific gravity at 60° Fahr. is 1.050. When a small fragment is heated in water to the boiling-point it melts, and becoming lighter than water, floats as a clear film. It dissolves freely in hot alcohol of 60 overproof, but a por-

tion of one of the resins separates on cooling. A small sediment of insoluble earthy matter was left. This amounted to 7.3 per cent. on the sample, and consisted almost entirely of sand, not of silica, which had been in a state of combination. A 20 per cent. solution in a tube 200 millimetres long gave a+rotation of 9° 12′ for the sodium ray. It contained two different resins, one of which appears to be identical with the alpha resin of mastich; the other is readily saponified, and is identical in its general characters with the gamma resin of benzoin. The beta resin of mastich is certainly absent. For convenience in stating the results I assume these resins to be what they appear to be.

This sample gives the following quantitative results:—

Volatile oil, 9.20 per cent.
Alpha resin, 79.00 per cent.
Gamma resin, 4.00 per cent.
Benzoic acid, traces.
Impurities, 7.30 per cent.

A 20 per cent. solution of the volatile oil separated by distillation was polarised separately, and gave a+rotation of 1° 54′ in the 200 millimetre tube. The quantity at my disposal was insufficient to test the boiling point or specific gravity. This volatile oil had a very marked and pleasant aromatic smell, the odor of fennel was perceptible though very faint.

I gave a portion of this to a medical man, who was treating two cases of uterine cancer with chian turpentine (so-called), but without effect. He used this sample instead of his own, and reports a very favorable improvement after eighteen days' use.

The second sample was purchased in London. In general appearance it was similar to the last, though somewhat less brittle. Its specific gravity was 1.043 at 60° F. The rotation in the polariscope was practically identical with the last sample, and the rotation of the distilled volatile oil was exactly identical. The analysis showed a larger proportion of volatile oil—namely, 12.1 per cent.—and barely a trace of ash. This sample was evidently a newer one, but had been collected with greater care, so that there were smaller proportions of mineral impurities.

The third sample was also purchased in London from a wholesale firm, and was obviously spurious. In appearance it closely resembled Canada balsam. The smell was less pleasant, and the odor of fennel much more marked. It had an unpleasant taste. It was perfectly transparent, of a yellowish tint, and just sufficiently fluid to drop from the end of a glass tube. Its specific gravity was 1000, or identical with water at 60° F. A 20 per cent. solution gave a+rotation of 6° 15′ in a tube 200 millimetres long for the sodium ray—*i.e.*, about two-thirds of the rotation of the genuine sample.

There was no difference worthy of note as to its solubility in alcohol, ether, chloroform, petroleum-spirit, naphtha, bisulphide of carbon, or turpentine, which would serve to distinguish it from the genuine sample. The proportions of volatile oil, etc., were, however, very different. This gave—

Volatile oil, 26.00 per cent.
Alpha resin, 70.00 per cent.
Gamma resin, 3.00 per cent.
Benzoic acid, none.
Ash, trace.
Impurities, woody fibre, etc., trace.

The alpha resin in this case, although separated in precisely the same way, was obviously a different resin. In appearance it very closely resembled common colophony resin, and from my examination I am of opinion that, at any rate, it contained a very large admixture of that resin, which had probably been dissolved in, or mixed with, one of the fluid turpentines. The volatile oil of this sample was entirely different in character, offensively rank instead of pleasant in smell. In the polariscope it gave a+rotation for a 20 per cent. solution of 3° 36′, or nearly double that of the genuine samples. This volatile oil appeared to consist of at least two entirely distinct oils.

The fourth sample was a new supply just sent to this country, of which I obtained a few ounces. It is evidently a much more recent specimen, but, though from this cause softer and more plastic, the brittle character is as strongly marked as in the old sample. Its optical rotary power is, under the same condition as before 7° 46′, or lower than the old sample, and the rotary power of the volatile oil is precisely the same. Its specific gravity is 1.052, or higher than the old sample. It is very free from mineral impurities. This, when analysed, gave—

Volatile oil, 9.20 per cent.
Alpha resin, 81 00 per cent.
Gamma resin, 6.00 per cent.
Benzoic acid, traces.
Impurities, ash, 1.40 per cent.
Insoluble, 2.00 per cent.

From its general characteristics and the source from which it was procured, I have no doubt of the genuineness of this sample, and the difference between the analysis and the first will show what may be the natural variations of the turpentine itself or the changes it undergoes by lapse of time.

A fifth sample, also a recent importation, proved to consist of 60 per cent. of chian turpentine and 40 per cent. of Canada balsam and turpentine resin. This sample had a specific gravity of 1025, and contained 16.3 per cent. of volatile oil, a large proportion of which was not the true volatile oil of chian turpentine.

The practical test which results from all these facts is the specific gravity. Genuine chian turpentine should float in a solution containing 8 per cent. by weight of concentrated sulphuric acid, and should sink as soon as this is diluted. On the other hand, the adulterants used being lighter than water, the spurious samples will float in this acid even after it has been diluted, say to three times its volume, and will sometimes even float in pure water. This test is perfectly easy to apply.

I trust Professor Clay will be able to say which of these is identical with that he has been employing, especially as it is noteworthy that although he quotes the description in "Watts' Dictionary," one word appears to have escaped his notice. Watts calls chian turpentine viscid. Now this would correspond with the spurious sample, but not with the genuine ones, which are brittle.—*G. W. Wigner, in London, (Eng.) Lancet.*

WARBURG'S TINCTURE.—We have had a number of queries of late, asking for the composition of this tincture, a formula for which was published in January, 1876, and which we will again insert, with full commentary, and the hope that urgent demand for its ingredients will cause a lively business in the drug market.

℞ Aloes Socotrinæ.....1 ℔.
Radicis rhei Indici,
Semin. angelicæ,
Confect. damocratis*).....ää 4 oz.
Radic. inulæ,
Croci sativi,
Semin. fœniculi,
Cretæ præparatæ†).....ää 2 oz.
Radic. gentianæ,
Radic. zedoariæ,
Piperis cubebæ,
Myrrhæ electæ,
Camphoræ,
Boleti laricis.....ää 1 oz.

The above ingredients to be digested with five hundred ounces of proof spirit, in a water-bath, for twelve hours; then expressed and ten ounces of disulphate of quinia added; the mixture to be replaced in the water-bath till all quinia is dissolved. The liquor, when cool, is to be filtered, and is then fit for use.

*. *Confectio Damocratis.* Damocratis, as he is called by Galen, or Servilius Damocrates, as Pliny calls him, composed a formulary for the preparation of electuaries, plasters, and all other usual remedies, in a poetical form, for the purpose of preventing mistakes by copyists in the quantities of ingredients. The metre, namely, was a tolerably certain means of preserving the expressions of quantity, in spite of any abbreviations in manuscript. He flourished about 65 A. D. Fragments of his works, among them his receipt for "Mithridate" or confection of opium, have come down to us. (Editions by Ch. F. Harless, 4to, Bonn, 1833; also by C. G. Kühn.) We give the composition of the confection according to the original Greek text but use in place of the Greek the corresponding common and botanical names, where they are fully established; otherwise we shall indicate the contrary. The London Pharm. of 1746 still had the formula, but, with slight alterations, necessitated by the inability of procuring certain ingredients, or for other reasons.

CONFECTIO DAMOCRATIS.

Cinnamon (cinnam. Zeylonicum Nees) 16 ʒ.
Myrrh (balsamodendron myrrha Nees) 11 ʒ.
Agaric (of the larch; boletus laricis L.); Indian spikenard (andropogon nardus L.); ginger (zingiber officinale Roscoe); saffron (crocus sativus L.); seeds of treacle mustard‡ (thlaspi arvense L.), [or in its stead, mithridate mustard (lepidium campestre Brown) Lond. Ph.]; frankincense (fr. pistacia terebinthus L.) .....ää 10 ʒ
Lemon grass (andropogon schoenanthus L.); costus (costus arabicus L.) [or in its stead: zedoary (curcuma zedoaria Roxb.) Lond. Ph.]; Indian leaf (fr. cinnamomum nitidum Nees; —folia malabathri) [or in its stead: mace (fr. myristica fragrans Houtt.) Lond. Ph.]; French lavender (lavandula stoechas L.); long pepper (piper officinarum C. DeC.); hartwort seeds (laserpitium silver L.); juice of hypocistus (cytisus hypocistus L., a parasitical plant growing upon species of cistus), liquid storax (fr. liquidambar orientalis Miller); opopanax (prob. fr. opopanax chironium Koch); galbanum (fr. species of ferula); balm of Gilead (fr. balsamodendron gileadense Kunth) [or in its stead: expressed oil of nutmegs, Lond. Ph.]; Russian castor (castoreum Ponticum fr. castor fiber L.).....ää 8 ʒ
Poley-mountain (teucrium Polium Lamb.); water germander (teucrium scordium L.); fruit of balm of Gilead tree (see above) [or in its stead: cubebs fr. piper cubeba Linn. f.)]; white pepper (fr. piper nigrum L.); seeds of cretan carrot (athamanta Cretensis L.) Bdellium (prob. fr. species of balsomodendron). [The original has here also: Troches of kyphi‖]; and a species of cassia, perhaps cassia fistula L.).....ää 7 ʒ
Celtic nard (valeriana celtica L.); gentian (gentiana lutea L.); leaves of Cretan dittany (amaracus dictamnus Benth.); rose leaves (rosa centifolia et al. L.); parsley seeds (petroselinum sativum Hoffm.); amomum [uncertain what was meant by this; later supposed to have been cardamoms; so also Lond. Ph.); fennel seed (fœniculum vulgare Gärt.); gummi (gum arabic, fr. acacia verek Guill. et Perr., etc.); opium fr. papaver somniferum L.).....ää 3 ʒ
Calamus (root of acorus calamus L.); valerian (root of valerian phu L.); anise seed (pimpinella anisum L.); sagapenum (fr. species of ferula); [The original here has also ariou, which interpreters think meant aram. But Andromachus in a similar work uses the term marou, which is supposed to be origanum sipyleum].....ää 3 ʒ
Spignel (Meum athamanticum Jacq.); St. John's wort (fruits and tops of hypericum perforatum L.); acacia juice of the wood, or leaves or fruit, according to Dioscorides and others, fr. species of acacia in Egypt) [or in its stead: Catechu, Lond. Ph.]; bellies

‡ The original here has the world iberis, which is usually applied to a species of Lepidium. But it is doubtful what is meant by it.

‖ This is composed of:
Raisin-pulp and turpentine, ää 24 drachms; myrrh and lemon-grass, ää 12 drachms; calamus, 9 drachms; Cinnamon, 4 drachms; bdellium, spikenard, cassia [?], cyperus, juniperberries, ää 3 drachms; trefoil acacia (*anthyllis Hermanniæ* L.), 2½ drachms: saffron, 1 drachm; honey and Cretan wine, ää q. s. The bdellium and myrrh should be reduced to the consistence of honey, with the aid of the wine; then they are to be mixed with the raisin-pulp and turpentine and the whole to be triturated with honey. Then all the rest, reduced to a fine powder, is to be added and mixed with stirring. The mass is to be made into troches, which are to be dried in the shade and preserved.

of skinks (the male skink: scincus officinalis Laur.).....ää 2½ 3
Honey (clarified) three times of all the rest.
[The original adds: Wine, sufficient.]

†. Chalk was added to correct the otherwise extremely acrid taste of the tincture.

The rules for the use of the remedy as given by Dr. McLean, of Netly, England, in the Lancet of Nov. 13th, 1875, are as follows: "One half-ounce is given alone without dilution, after the bowels have been evacuated by any convenient purgative, all drinks being withheld; in three hours, another half-ounce is administered in the same way. Soon afterwards, particularly in hot climates, profuse but seldom exhausting perspiration is produced. This has a strong aromatic odor, which I have often detected about the patient and his room on the following day. With this there is a rapid decline of temperature, immediate abatement of frontal headache—in a word, complete defervescence, and it seldom happens that a second bottle is required. If so, the dose must be repeated as above. In very adynamons cases, if the sweating threatens to prove exhausting, nourishment, in the shape of beef-tea, with the addition of Liebig's extract, and some wine or brandy of good quality, may be required." —*New Remedies, Aug.*, 1878.

Notes on Chian Turpentine.—A recent paper in the Lancet (March 27th) having strongly recommended the use of chian turpentine in cases of uterine cancer, I am induced to offer a few notes on the history of the drug. There is nothing original in them; they are merely extracts from works not generally accessible, but may prove of some interest.

Terebinthina chia (French, térébinthine de chio; Italian, trementina di cipro; German, cyprischen terpentin) is a liquid resinous exudation from pistacia terebinthus, natt order, terebinthaceæ, Juss., a handsome tree growing in most part of the south of Europe, but especially in the Greek Archipelago. As P. cabulica, it extends also to Beluchistan and Afghanistan, and as P. Atlantica it is found in North Africa. These different species are, however, considered by Hanbury and Flückiger as being merely slight variations of P. terebinthus. In Languedoc and Provence it is a straggling bush, but in Palestine it is a handsome umbrageous tree.

Its Hebrew name is alah, variously rendered as oak, terebinth, tiel (linden), elm and even plane. The primary import of the word alah is strength, power, whence some hold that it signifies any mighty tree, especially the oak and terebinth. But as the oak has its proper name, allon, and is not a mighty tree in Palestine, one can have little hesitation in restricting the term alah to the terebinth. Dr. Robinson gives the best account of the tree as it is now found in Palestine. At the point where the roads from Gaza to Jerusalem and from Hebron to Ramleh cross each other, and about midway between the two last named towns, this traveller observed an immense terebinth tree, the largest he saw anywhere in Palestine. "This species is without doubt, the terebinth of the old Testament, and under the shade of such a tree Abraham may well have pitched his tent at Mamre. The terebinth (Arabic but'm) is not an evergreen, as is often represented; but its small feathered lancet-shaped leaves fall in the autumn. The flowers are small, and followed by small oval berries, hanging in clusters from 2 to 5 inches in length, resembling much the clusters of the vine when the grapes are just set. From incisions in the trunk there is said to flow a sort of transparent balsam, constituting a very fine and pure species of turpentine, with an agreeable odor, like citron or jessamine, and a mild taste, and hardening gradually into a transparent gum. In Palestine nothing seems to be now known of this product of the but'm."

In Palestine and the neighbouring countries the terebinth seems to be regarded with the same distinction as the oak is in our northern latitudes, and is very long lived. It attains the height of 30 to 35 feet.

The resinous juice is secreted in the bark, in special cells, precisely as mastic is formed in P. lentiscus. To some extent it exudes spontaneously, but in greater abundance after incisions are made in the stem and branches. A large tree will yield from 6 to 11 ounces in a year. The harvest is from the end of July to October. In 1701, Tournefort visited Scio, when that island was said to produce scarcely 300 okes (oke = 2.82 lb. avoir.) A century later, Olivier stated that 200 okes was about the average yield. The trade is almost entirely in the hands of the Jews, who usually dispose of the gum in the Turkish Empire. In Greece it is sometimes used to flavor cordials, or mixed with wine in the same manner as mastic.

The gum as usually found in commerce, is a soft solid, becoming brittle by exposure to air. It is of a yellowish-green colour, and is composed of a resin and a volatile oil. All accounts agree in stating that it is extremely scarce in western commerce, coniferous turpentine being usually substituted for it. Dr. Pereira says it has an odor somewhat resembling fennel. By keeping, it acquires a somewhat less agreeable odor. It is soluble in rectified spirit, amylic alcohol, glacial acetic acid, benzol or acetone, and pure ether, B. P., the solution in each case being slightly fluorescent. An alcoholic solution reddens litmus and is neither bitter nor acrid.

Chian turpentine was well known to the ancients. It was the *Terminthos* of Theophrastus.

Dioscorides, of Anazarba, in Cilicia, who wrote his great work on materia medica, A. D. 77 or 78, describes it as a finer sort of mastich. He says:—"There is also a resin in the lentisk (pistacia lentiscus), called lentiscine, by many, mastich. It is added to dentifrices, and to face liniments. The best resin and largest quantity comes from the island of Chios. The best is shining, like Tyrrhene wax in color, large, easily crumbled, and fragrant. There is a green sort, but not so useful." Even in the time of Dioscorides there seems to have been need of an Adulteration Act, for he says: "It is mixed with frankincense and fir turpentines."

In chapter 91 of book 1, he says, speaking of another substance which Sir R. Christison says is that known at present as chian turpentine, "that

the kernels of the fruit are edible, but disagreeable to the stomach. It acts as a diuretic, and is used in wine for diseases of the finger joints. The resin is imported from Arabia Petræa; it also grows in Judæa, Syria, Cyprus, Libya, and the Cyclades. This resin is by far the finest of any; then comes mastic, then pine and larch resins (turpentines). After these may be reckoned fir resins. It is very fit to give in cough and wasting away. It is given either by itself, or mixed with honey." He also gives a list of other diseases in which it was given at that time.

After being almost unknown in England, except as a botanical curiosity, the attention of the medical profession has been drawn to the substance by Professor Clay, of the Queen's Hospital, Birmingham, as a cure for uterine cancer. For most interesting particulars concerning the more purely medical part, I beg to refer to the Lancet of March 27.

The notes have been taken from Sir R. Christison's "Dispensatory," Edinburgh, 1842; Dr. Pereira's "Materia Medica," London, 1857; Dr. Kitto's "Biblical Cyclopædia" (the botanical articles in which were written by Dr. Royle), London, 1856; C. G. Kuhn's edition of Dioscorides, Leipsic, 1827; and Hanbury and Flückiger's "Pharmacographia," London, 1879.—*R. Modlen, in Pharm. Jour. and Transactions.*

Jamaica Dogwood.—The literature devoted to this new candidate for professional favor is as yet too meagre for us to base upon it any positive deductions as to its value as a therapeutic agent. The few facts already gathered lend color to the idea that at some future day Jamaica dogwood, if it cannot altogether replace the preparations of opium, may cause their use to become less common. There is not now, nor probably will there ever be, any complete succedaneum to opium. For the relief of anguish and suffering incident to acute and chronic disease, for the atrocious pains and aches to which human flesh is heir, opiates in some form or other, with all their drawbacks, have been in the past, and will always be, the physician's sheet-anchor. Case will continually arise in which all other agents of the so-called hypnotic class must yield the palm to the opium. It is not to be denied, however, that the resort to opium is much too common. Aside from a fear of its disagreeable after-effects, the cautious physician should always be upon his guard against patients contracting the opium-habit, which late statistics show to be largely upon the increase. In any case that will permit of it, something that will in some measure take the place of opium should always be preferred.

Not long since I was in attendance upon a young woman then in the seventh month of her first pregnancy. There seemed to be in her case strong indications of premature labor, which in no way yielded to large and frequently-repeated doses of chloral and the bromides. The labor-pains yielded promptly to opiate enemata. She ceased to have trouble on that score, but sometime afterward she began to pass restless and sleepless nights, awaking in the morning jaded and unrefreshed, and passing miserably through the ensuing day. These symptoms were not due to pain or distress of any kind. It was a case of insomnia, pure and simple. For this condition of things chloral and the bromides in large doses were called into requisition without the least favorable effect. Resort was again had to opiates. While under their effect she slept at night, but awoke in the morning feeling utterly miserable, under the influence as she was, and as she contiued to be during the day, of all the disagreeable effects of the drug. The nausea, constipation, thirst, loss of appetite, etc., got to be so unendurable that she preferred the restless nights to being thus harrassed by opium. At this juncture I determined to put her upon the fluid extract of Jamaica dogwood, as prepared and offered by Messrs. Parke, Davis & Co., of Detroit. The effect was simply magical. Under drachm doses of this agent repeated once or twice during the night she began to sleep quietly, awaking in the morning, refreshed and comfortable, without a single untoward symptom. There was an absence of nausea, thirst, constipation, etc., and altogether she was wonderfully improved. At the present writing she is well and in splendid spirits, resorting occasionally to the dogwood extract, with a continuance of its good effects and an entire absence of any that are bad. In one or two other cases of insomnia I have made use of the dogwood extract with the same good result It is true that so few a number of cases as those I have reported afford no substantial or positive proof as to the merits of a drug. They only give presumptive evidence as to its good effects, and induce us to give it further trial.

As remarked before, it is too common a practice with physicians to make use of opium upon slight provocation. It is too dangerous a drug in its immediate and ulterior effects thus to be tampered with. In minor ailments—in the lesser degrees of pain—there are other agents much less fraught with harm, such as chloral, the bromides and other nervines. Such is the place to which we would assign the fluid extract of dogwood with great confidence as to its good results.

For pure insomnia—for restlessness at night not connected with the pain and anguish incident to organic disease, but existing as a symptom by itself and of itself—opium should never be prescribed. It is in just such cases that the opium habit is contracted. Arising, as the cases of insomnia do, from controllable causes, it is better to temporize with them than by one means beget a habit which is really a perpetual torment and a living death. Insomnia as an independent symptom is one of the inevitable consequences of the age in which we live. It is the unrest of physical and mental worry and overwork. What hygiene cannot altogether accomplish can be assisted by agents of the milder nervine and anodyne class. We have high hopes that in the latter the extract of dogwood will in the future hold a prominent place. Whether it will prove to be a pure hypnotic in the sense that opium is, remains to be seen. If it should happen that it possesses the good effects of opium minus its bad ones, medical art has indeed a precious agent in dogwood. The cases I have reported above seem to give us some grounds to hope that this has at length been found.—*Coleman Rogers, M. D. ,in Louisville Medical News.*

Successful Treatment of Cancer by the Internal Use of Chian Turpentine.—No little stir has been created in English medical circles by a communication from Professor Clay, of Birmingham, in the Lancet of March 27, on "The Treatment of Cancer of the Generative Organs by a New Method." Although Professor Clay's experience extends over only a twelvemonth, and he cannot positively assert that a permanent cure has been attained in his cases, yet an amount of relief has been secured to the patients which has not been afforded by any other plan of treatment. As the result of the trial of a large number of remedies, Professor Clay concluded that the remedy for cancer must be internal; that it must be of such a nature as not to interfere with the functions of the special organs, or otherwise injuriously to affect the nutrition of the body; and that it must be capable of being administered for a length of time sufficient to effect the removal of the disorder. The remedy which seemed to fulfil these indications most fully is chian turpentine, and after much reflection Professor Clay was led to make trial of this substance. His first case was that of a woman æt. 52, suffering from scirrhous cancer of the cervix and body of the uterus. Hemorrhage was excessive, pain in the back and abdomen agonizing, and cancerous cachexia well marked. The patient evidently had not a long time to live. The uterus was so extensively destroyed by the cancerous ulceration that its cavity readily admitted three fingers. Professor Clay prescribed chian turpentine, six grains; flowers of sulphur, four grains; to be made into two pills, to be taken every four hours. No opiates were prescribed or lotions used. No change was to be made in her diet or occupation. On the fourth day after taking the medicine the patient reported herself greatly relieved from pain, and was in better spirits, but she complained of a large amount of discharge. On examination, the vagina was found filled with a dirty-white secretion, so tenacious as to be capable of being pulled out rope-like. The os was quite contracted and would now scarcely admit the finger, and the surrounding swelling or cancerous infiltration of the cervix was much reduced. The patient's general health was improved, and the medicine well tolerated. At the end of three months it was noted that the parts were ragged and uneven, and did not bleed on roughly touching them. The speculum showed several cicatricial spots. The patient was able to walk a mile to the hospital from her home. She disappeared at this stage of the treatment, and was not again seen. The second case was that of a woman æt. 31, who had a carcinoma of the cervix which was the size of a hen's egg. There was pain and hemorrhage. Under the use of the turpentine the growth seemed literally to melt away, disappearing entirely in the brief period of four or five weeks. In a third case the turpentine was given in emulsion made as follows: one ounce of the turpentine was dissolved in two ounces of pure sulphuric ether; of this solution one half-ounce was added to four ounces of solution of tragacanth, one ounce of syrup, forty grains flowers of sulphur, water to sixteen ounces. Of this one ounce was taken three times daily. Although the uterus was enlarged to the size of a cricket-ball, twenty weeks sufficed to bring the parts to almost their normal size and condition. Other cases proved equally successful; and the remedy has also been used with apparently good effect in cancer of other organs. Professor Clay believes turpentine to act as a direct poison on cancerous growths, causing their ultimate death. There appears to be very little true chian turpentine at present in the market, but the demand will probably bring it out. Venice and Canada turpentine, which are said to be inert, are usually substituted for it. —*Phila. Med. Times.*

Piscidia Erythrina.—Piscidia Erythrina L., Jamaica Dogwood, at one time called by Linné erythrina piscipula "the fish-catching coral-tree," belongs to the natural family Leguminosæ. It is a native of the West Indies, chiefly growing in arid districts on the mountains of the Antilles. It is most frequent on Jamaica. When full grown, it attains a height of twenty to twenty-five feet, has a bright-colored, smooth bark and very irregular spreading branches. The leaves are twice or thrice pinnatified, somewhat coriaceous, covered with a fine down when young, afterwards becoming almost glabrous and deciduous. Leaflets about two inches long, twelve to sixteen lines broad, and pointed. Panicles are bushy, many-flowered, and make their appearance before or together with the leaves. Calyx brownish-red, covered with grayish hairs; campanulate, five-sepalous; corolla papilionaceous and whitish, with roundish emarginate standard, and with obliquely-oviate alæ, having blood-red veins. Keel curved, blunt and bifid, with a blood-red point. Legume linear, quadri-alate, about three inches long, constricted between the seeds; alæ broader than legume. Seeds oblong-oval, compressed. Tree flowers in March and April.

The bark of this tree, particularly that of the root, is used in the West Indies for catching fish. When thrown into ponds or quiet waters, the fish become stupefied and are easily caught.* Small fish are killed by it. Fish caught in this manner are eaten without hesitation and are not considered unwholesome. An infusion of the bark of the root has also been used for cleaning foul ulcers. A tincture prepared from the root-bark is known to possess strongly diuretic properties. It is also a powerful narcotic and diaphoretic and has enjoyed the reputation of being a specific in toothache.†

The usual method of employing the drug for catching fish is the following: At the time of the full moon in April the leaves, twigs, and root-bark are collected, macerated with the residue from the distillation of rum or with lime-water, then transferred into baskets, and the latter dragged up and down the water, until the active principle has been extracted, which causes the fish to be stupefied and to rise to the surface.

We have seen the name of manacá lately applied to this plant in several journals; but we cannot now ascertain on whose authority. In Brazil, the name manacá is applied to Brunfelsia Hopiana Benth.

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* This remarkable narcotization of fishes is ascribed to many other plants, particularly to Cocculus Indicus, Tephrosia toxicara (specially cultivated for this purpose in Guiana), etc.

† Compare Buchner's Rep., I., 215. Pharm. Central Bl., 1835, 413.

(=Franciscea uniflora Pohl.) according to B. Seemann.

In South America the bark of piscidia carthagensis L. is used by the natives likewise for stupefying fish.

Recent medical authorities report that the action of piscidia erythrina, when taken internally, appears to be a direct sedative to the nerve-centers; that it causes sleep without producing the cerebral hyperæmia which often follows opium and its active principles. The sleep is tranquil and refreshing; it is said to soothe bronchial cough and to moderate the paroxysms of asthma and nervous coughs. In view of the fact that opium is often not well borne, when an anodyne and hypnotic is required, it seems that the drug in question deserves further study. The usual dose is five minims of the fluid extract. It would be desirable to make an analysis of the plant with a view to discover its active principles.—*New Remedies.*

INDIAN SPECIALTIES.—"Our Roving Correspondent," in his letter from Calcutta, mentioned a projected medical journal, which was to appear as the Calcutta Medical News. Three numbers have been received in England, and the last contains a very interesting and suggestive article, the first of a series, on the composition and uses of popular and secret native remedies. As the editor Rákháal dás Ghosh, says in another place, "India enjoys unusually rich and varied soil—humid, dry, hot, and cold climates." The vegetation is wonderfully varied, and "through whatever town or village you travel, there are stories to tell that such and such persons have specific remedies for such and such diseases. Anyone may laugh at these stories, but a man of right understanding may turn them to account."

Even orthodox physicians have utilized but few of the innumerable drugs produced there, though they have eagerly accepted the latest novelties from "the almost inaccessible slopes of the Andes." Bael, Indian hemp, nux vomica, and croton oil are perhaps the only indispensable Indian drugs in the materia medica of British practitioners, and the true use of bael is of very recent introduction. It seems ridiculously unnecessary to say that vast fields lie waste in India, which might yield very profitable harvests to energy and intelligence.

The leaves of larus malabathrum, of very ancient European renown, have been long known to the natives as a remedy for brow ache. Tejpat is the vernacular name. One case which liquor arsenicalis failed to benefit was relieved in two hours by one, and cured by two, external applications of a paste of tejpat.

Symplocos racemosa, lodh, or lodhra. This drug is frequently prescribed by native doctors in combination with conessi bark for dysentery and similar diseases. Dr. J. M. Coates communicates to the editor a case of presistent menorrhagia in a European lady which every ordinary remedy had failed to relieve. Her native nurse gave her lodh, and drachm doses were taken thrice daily from the fourth day to the close of menstrual period. After the third or fourth month menstruation became natural.

Asoka bark (Saraca Indica) has been found very efficacious in similar cases. Its use is recommended by the editor, and is supported by several native gentlemen.

Mansasij, euphorbia ligularia, is said by M. Mittra, of the benjal Secretariat, to be an invaluable remedy for asthma. His father was in the habit of prescribing two ounces of the juice expressed from the leaves after these had been heated, mixed with a sufficient quantity of sugar. In one case, treated in 1869, there has been no return of the disease. The medicine was taken twice daily for nearly two months.

Kanur, or Sakhadarshana (crinum asiaticum), is recommended by Babu N. C. Paul for croup. It acts as a gentle laxative, easy and safe emetic at first, and expectorant afterwards. To a certain extent it controls the fever.

The same gentleman finds laffa bindaal an efficient remedy for carbuncle. Four fruits are infused in a quart of water, and the infusion applied as a lotion. The slough comes out entire, leaving a healthy granulating surface, which heals under ordinary treatment. Every case treated thus, without any other medicine, escaped complication with diabetes.—*London, Eng., Chemist and Druggist.*

CHIAN TURPENTINE.—Chian turpentine is an oleo-resin from the pistacia terebinthus. This tree is found in all parts of the Mediterranean, and represented by closely allied species throughout Syria, Palestine, and the northern parts of Africa. The oleo-resin took its name from the island of Scio or Chios, a small island off the west coast of Smyrna, from whence most of this turpentine was obtained. On this island gum mastic is cultivated, which resembles the chian turpentine in taste and odor, and also in its medicinal properties, for it has been used as a substitute when the true chian turpentine could not be obtained. The Turkish name for the island signifies "mastic island," and this word "mastic" is from a Greek word meaning "to chew," from the fact that the ancients used the gum for chewing. The wood was also used for tooth picks. Chian turpentine was used by the ancients, but little is known of its medical history. Dioscorides considered it to be diuretic, stomachic, and laxative. In 1701 the annual yield in Chios was estimated at about 300 okes (1 oke = 2.08), and one hundred years later it was said to be less than 200 okes, and since then the yield seems to have steadily decreased. Whether owing to its falling into disuse, or whether it is really impossible to gather any great quantity, are questions upon which the different modern writers seem to disagree. It is certain that very little of the genuine arcticle is to be found in the market, and it is asserted by some authorities that for years no specimen has been obtained that was absolutely pure. This may be because in its mode of collection even the genuine resin is always more or less contaminated with impurities; but we are told by Murray, in 1776, that what is exported from Chios is scarcely ever sold pure, but is adulterated with venice turpentine even before it leaves the island.

The attention of physicians and pharmacists was called to chian turpentine quite recently, by

an article in the Lancet, by Professor Clay, on the treatment of cancer with this drug. Since this time it has been in great demand, and some anxiety is shown by interested parties on account of the difficulty of obtaining it. If the article is really of such therapeutic value, and provided Prof. Clay has made use of the genuine, there is little room to doubt that it is, the revival of the demand may possibly bring plenty of the genuine article into the market. On this point, however, there seems to be considerable difference of opinion. As we stated above, the tree from which the turpentine is obtained, flourishes in all the islands of the Archipelago, Cyprus, Asia Minor and Syria, but the yield from a large tree of four or five feet in circumference is only about ten or eleven ounces yearly. The collection of the drug commences at the end of July, and the resin exudes very slowly. Although the drug has been known and used for hundreds of years, very little has written concerning it in modern times, and we can give no certain tests for its purity, and even the descriptions given are so conflicting, that from them one could hardly pick out the true characteristics of the genuine chian turpentine.—*N. Y. Oil, Paint and Drug Reporter.*

Chian Turpentine.—Many years ago I announced that the so-called trementin phystaki, obtained from the pistacia terebinthus in Scio or Chios and Cyprus, was used with great and lasting success by the empirical Turkish physicians, or Hakims, in painful diseases of the uterine system and in chronic flooding. For this purpose decoctions of chian turpentine are used, and the turpentine itself is made into mantsuns, or electuaries, with olibanum and aromatic ingredients. Melhems and balschams (balsams) are also prepared from it.

The turpentine pistacia is found not only in Scio and Cyprus, but also in other Greek islands, and here in Attica and Peloponnesus. I myself have often attempted to obtain the turpentine from incisions in the stem, but without result.

On the isle of Chios the terebinthina chia is obtained by making gashes in the stem and placing the shells of oysters or other large mollusks under them to receive the exudation. Such oyster-shells filled with turpentine I have seen in the Missir, or drug bazaar, at Constantinople, and also in Smyrna, but they are very rarely found in commerce.

Other species of pistacia are of importance in the Levant. Pistacia vera yields the nuces pistaciæ, called phystikia by the Turks. A pistacia conserve is used as a fattening nutriment by Oriental ladies. This tree was transplanted from Chios, its native home, to the Greek mainland*, where it continues fruitful.

Chios is named Sakis Adassi, Mastic Island, by the Turks, in consequence of the abundance of the pistacia lentiscus. The tree is indigenous, and has yielded the resin from the earliest times. It grows on other islands of the Archipelago. I have myself made incisions in the stems of mastic trees on the islands of Amorgo, Naxos, and Zea, but the "Mastix hellenicus" which exudes does not harden and cannot be shaken from the tree like that produced in Chios.

I add a few words on the etymology of these names. Pistacia, in Greek pistaké, pistakia, is from the Greek pissa, resin, pitch, and akeomai, to heal, that is, a plant yielding a healing resin. In Arabic the tree is called Fustaq, that is, a "useful plant."†

Mastix, mastic, has its name from the very old custom of using the resin as a masticatory (Greek mastazó, massó, to chew; mastax, mouth). Much-prized toothpicks were also make from its wood.—*Dr. Xavier Landerer, in London Eng., Chemist and Druggist.*

Concentrated Remedies.—This is a class of remedies, familiarly but erroneously, known as "Eclectic Remedies,"—The Eclectics were a sect of physicians that lived a short life between the time of Hippocrates, who was born B. C. 460, and Galen, A. D. 131. During these six centuries were a number of sects, viz., first, the Empirics, who prided themselves on following experience alone, to the neglect of anatomy and physiology; against these came the sect of the Dogmatists, claiming all authority for doctrine or theory. Weary with these quarrels came the Eclectics, professing to select the good and avoid the bad in all the systems of the Empirics, Dogmatists, and Methodists, and of all the sects, that of the Eclectics was about the worst. Many of the plants and derivatives from plants which the American Eclectics have introduced into practice are among the most efficient we possess. Accepted with reluctance and hesitation, many of them have already met with favor with orthodox physicians. Many are becoming established remedies in this country. In 1861 Dr. Gardiner did much in introducing several of them into English practice, and lately Dr. Rutherford has demonstrated some of them to be of inestimable value. The native plants of America are studied under circumstances far more advantageous than our indigenous remedies. Communities exist there wholly devoted to the study of botany and the economic uses of plants, devoting more attention to the business than the science. Hence the plants and parts of plants, roots, stems, leaves, etc., are obtained in the best condition for use as remedies. The most general process employed in the manufacture of these concentrated preparations is to treat the vegetable substances with alcohol by percolation, distilling to a low bulk, pouring this into water, collecting and drying the precipitate. Sometimes other solvents are used, the aim being to get rid of all the woody fibre, starch, gum, etc., and obtain the active medi-

* This is not historically certain. The tree was unknown to the early Greeks. After the expedition of Alexander the Great, Theophrastus (who, like Alexander, was a pupil of Aristotle) was told of a tree growing in Bactria like the terebinth in leaves, branches, and outward form, but bearing a fruit like the almond, much prized by the inhabitants. Theophrastus omits the name, which is first mentioned by Nicander in the next century. The earliest notice of Syrian pistacios in Greek literature is by Posidonius, a century later still. Pliny (1501) tells us definitely that the plant was first carried to Italy by Vitellius, and to Spain, at the same time, by Flaccus Pompejus (see Hehn, "Culturpflanzen," 362.)

† This etymology of pistacia does not account for the *t*, which is never absent from the word. Benfey believes it is of Persian origin, meaning "mealy, rich in meal." Fustaq is certainly only the Arabic modification of Pistacia, and the Sicilian name fastuca is a clear sign of former Arabic influence.

cinal properties in a small bulk, and combine together as nature has formed them.* It must be admitted that there is much to be said in favor of this idea, and experience justifies their reasoning. In Europe we separate several active principles, but for employment as remedies it is well known that such separate principles are by no means equivalent to the crude drugs. Cinchona bark yields quinine, cinchonine, etc., neither of which corresponds in its action on the human economy with the bark itself. Up to the present time about sixty of these remedies have been made, but the following list includes those chiefly prescribed this side of the Atlantic:—Podophyllin, iridin, leptandrin, cypripedin, euonymin, hydrastin, cimicifugin, caulophyllin, gelsemin, xanthoxylin. Doubtless many of you, like myself, will have noticed a variation in their respective colors. This is attributable not only to age of material, as has been suggested, but equally so to the combined influence of locality, soil, and season.—*London* (Eng.) *Chemist and Druggist.*

Duboisia Poisoning.—L. B., æt 50. Patient in the Illinois Eye and Ear Infirmary—Service of Prof. E. L. Holmes. Left eye lost through malpractice some years ago. Has recently had iridectomy made in right eye, preliminary to cataract extraction. Has been using until lately atropia as a mydriatic, but this seeming to irritate, a solution of sulphate of duboisia (gr.j to ℥j) was substituted. The bottle containing this the patient carried in his pocket. About 9 P. M., April 27th, he took, purely by his own carelessness, a teaspoonful (⅛gr.) of this solution instead of taking it from another bottle containing a diuretic mixture. The mistake was at once reported.

Within eight minutes he experienced a very dry feeling in the throat and roof of the mouth, and found it impossible to articulate—the power of coordinating the muscles of the tongue and the oral muscle being lost. Soon after, upon endeavoring to walk, his limbs "gave way," and he found it impossible to even stand and keep his balance. He also noticed a peculiar numbness rapidly supervening in the extremities, which soon felt "as if they were asleep." Within half an hour he was totally unconscious; pulse, 116.

There being no resident or house surgeon to direct the treatment, there was some delay in procuring assistance. In the meantime repeated doses of an emetic were exhibited, which however, did not act till after he was unconscious. Stimulants were used vigorously, both internally and externally, as occasion seemed to demand, until at 4 A. M., he answered questions, and by 6 o'clock seemed himself again. For two days subsequently there was a tremor and weakness as well as uncertainty of action about all the voluntary muscles. The fact of his having been using the drug, and the previous condition of his eyes, made any observations at the time upon the pupil of no importance. Owing, also, to the delay in summoning a physician, no accurate and scientific account of the early symptoms was obtained.

The notes of this last case were reported through the courtesy of Dr. Holmes, in whose service it occurred, and who intends in the future to make a more complete report, with studies upon the literature of the subject.—*R. Park, A. M., M. D., in Chicago Med. Gazette.*

Poisoning by the Bark of the Robinia Pseudacacia.—Dr. Gelcich, of Inyo county, California, sends us an account of the poisoning of his three children by the bark of the thorny or honey locust tree (robinia pseudacacia). "An hour after chewing the bark they ate heartily, and in fifteen minutes after eating they began to vomit, continually vomiting at intervals until their stomachs were entirely emptied. Narcotic symptoms somewhat resembling those of belladonna soon ensued; sleep, stupor, dilated pupils, staggering, spasmodic muscular movements, drawing of the knees to the chest. They complained of burning of throat and stomach. The youngest, a girl of 3 years, was the worst. She had a mortal pallor, absence of pulse, livid lips, sunken eyes, and complete prostration and insensibility for three long hours. Warm stimulants by the mouth and rectum, counter irritation, strong coffee, smelling salts, hot frictions and flagellation, brought her finally to life and consciousness. At 6 o'clock, P. M. all were out of danger but very sleepy, and at 7 P. M. were put to bed, after partaking of a little gruel and tea, and all slept soundly with normal circulation and respiration until sunrise, when I saw them with rosy cheeks, lively as ever, and asking for a *big* breakfast." The doctor refers to three cases on record of poisoning by the bark of the root of the tree, the effects being similar. We are not aware of any record of the action of the bark of the tree, though in all probability there is but little difference, if any, between that and the bark of the root. The latter is mentioned in the dispensatories as cathartic.

Since sending to the press the item regarding the effects of the bark of the honey locust tree, we find a notice of it in King's American Dispensary, which states that the bark is supposed to possess some acro-narcotic qualities, as the juice of it has been known to produce coma and slight convulsions. "An overdose has produced symptoms very similar to those resulting from an improper dose of belladonna." Also, that the leaves operate mildly and efficiently as an emetic in doses of thirty grains every twenty minutes.—*Pacific Med. and Surg. Journal.*

Chian Turpentine in Cancer of Breast and Uterus.—Mr. E. J. Hardwicke (Bury St. Edmunds) records two cases in which he prescribed the above drug with apparent benefit. The first was a case of scirrhous mamma. The organ, which for eleven years had been the seat of some induration, had been rapidly enlarging and becoming very painful during the past two years. The right breast was twice the size of its fellow, exceedingly hard, the nipple retracted, and an open sore existed on the left of the nipple. The axillary glands were enlarged, and the woman had a very cachectic appearance. She refused to go into hospital to have the breast removed, so was put upon the drug according to Professor Clay's formula. In a few days the pain ceased, and when seen on May 29th she had lost the worn, haggard look; the breast was at least half in former size, was comparatively soft;

*It is noted in discussion that some American makers of these articles mix the precipitate with an equal weight of milk sugar.

and the enlarged axillary glands could no longer be felt. Mr. Hardwicke writes on June 9th as to her continued improvement. The only local application was some simple ointment to the sore. The other was a case of uterine cancer, operated on at St. Mary's Hospital, Paddington, by Dr. Meadows, on Dec. 2nd, 1879. She suffered from much pain, hæmorrhage, and discharge, and had emaciated greatly. The drug was commenced on May 15th, and on June 1st she was free from pain. The emulsion did not agree with her, and for a short time during which it was discontinued by the patient all the symptoms returned, but in the form of pill the medicine was better tolerated. Both cases are still under observation, and the writer says he has put another case of mammary cancer on the treatment. He gives other details—viz., that in each case, whilst taking the drug, the patient complained of a sense of "sinking" and "emptiness" in the stomach.

Dr. Macleod (Dundee) writes:—"Two cases of cancer of uterus I have recently treated with chian turpentine pills, as recommended by Professor Clay, of Birmingham, without the slightest benefit."—*London*, (*Eng.*) *Lancet.*

A New Anæsthetic.—J. T. Clover writes to the British Medical Journal, April 24, as follows: "In your last number, mention is made of a new anæsthetic, described as a combination of nitrous oxide gas and ethy*len* dichloride, and introduced in Edinburgh by Mr. Macleve.

I have not used the ethylen dichloride, but I suspect that the substance alluded to is ethidene dichloride, and I have been giving this with laughing gas for the last fifteen months to more than a thousand cases in hospital and private practice. On the whole, I think ethidene dichloride a better anæsthetic than ether or chloroform, and can confirm all that Mr. Macleve says of it; but I have found that, when given beyond a certain strength, it causes vomiting and depression of the heart's action; and I fear that the plan recommended, of pouring it on a sponge in the tube or supplemental bag, without the means of regulating the strength of the vapor, will produce ere long results less satisfactory. It will be found that half a drachm is not always sufficient; and, if a larger quantity be used and it run through into the inhaler, the dose may be made strong enough to produce serious results. Chloroform applied in the same way would answer very well in the majority of cases; but in an exceptional one it would yield the vapor too abundantly for safety.

I have found a small-sized gas and ether inhaler answer my purpose; but I have no doubt the portable regulating ether inhaler, charged with about two-thirds of the usual supply of ether, would do equally well. In all cases of ethidene inhaling, the pulse should be watched as well as the breathing."

Jamaica Dogwood in Neuralgia.—At your request I give you my experience with Jamaica dogwood. I have used it in but two cases, both cranial neuralgia in nervous, delicate females, æt. 24 and 27 years. Both patients are subject to very obstinate attacks of neuralgia, for which I have frequently prescribed for some years. Miss B. was suffering several months ago with an attack more severe than usual, from which for days she got only partial relief, as she could not bear opium, and no sleep except from full doses of chloral and pot. bromide combined. A small bottle of the fluid extract of Jamaica dogwood was left in my office just at that time by the agent of Messrs. Parke, Davis & Co., and I determined to try it on this case. I took it to my patient next morning—she was still suffering—and gave her two drachms, with the assurance it would relieve her, and directed her to take two drachms more at night, and she would have a comfortable night's rest. When I called next day she said the pain ceased in about half an hour after she took the medicine, and she had slept better that night than she had for weeks. I saw nothing more of her, until two days ago I met her on the street. She said her neuralgia had not returned, that she had been perfectly well since I saw her, except an attack of sick headache, to which she was subject; and that the medicine I had given relieved her neuralgia so quick she thought it would cure her head also, and took a dose (two drachms). How did it act? I asked. "Well, I went right off to sleep, and did not awake until next morning, when I felt as fresh and comfortable as I ever did."

In the other case the same dose (two drachms) was given, with the same result; the neuralgia ceased in about an hour, and she has had no return since, which in both cases is a longer interval free from neuralgia than they have had for years.—*M. Ford, M. D., in Louisville Medical News.*

The Coca in Opium-Habit.—In your issue of May 29th I noticed an arcticle, from the pen of Dr. Palmer, upon coca as a possible antidote for the opium-habit. At that time I had under my treatment Capt. C., who was suffering from the morphine-habit. He was wounded in the left leg at the battle of Nashville during Hood's raid through Tennessee, and had it amputated at the middle third of the thigh. He contracted the morphine-habit to alleviate the intense pain, and continued it for several years. Five years ago he quit taking the drug, and abstained till last spring, when he went to Louisiana from Middle Tennessee, where his physician prescribed morphine in conjunction with quinine for the relief of malarial poisoning. The old habit soon returned with all its pristine force. When he came back I found him in the condition described above—gloomy, despondent, and threatening to commit suicide.

As soon as I read Dr. Palmer's article I determined to give the coca a fair test, and am able to report that the result was a most happy one. He has been using the coca ad libitum for more than a week, and now, instead of taking three grains of morphine several times a day, is entirely relieved of this habit with all its distressing effects, and is happy, hopeful, and cheerful.

I hope all other physicians will try this new remedy in cases of this kind, and report through the News and other medical journals, as I, for one, am deeply interested in the result.—*J. G. Core, M. D., in Louisville Med. News.*

Danger Attending the Administration of Chian Turpentine.—Chian turpentine has been

proposed as a remedy in certain forms of cancer; it is therefore desirable that those who prescribe it should know that a very serious result may follow its administration, since it appears to be sometimes absolutely indigestible; indeed, it may reasonably be inquired whether it is ever digested.

A patient of mine, suffering from cancer of the pancreas, eager to catch at any straw, procured, unknown to me, a box of chian turpentine pills from Mr. Clay, of Birmingham. She took in all about thirty pills; when, finding herself no better, but rather worse, she discontinued the medicine. She began the pills on April 27th; on May 25th, or about three weeks after taking the last pill, she vomited a solid, sticky, yellow, fish-shaped mass, smelling strongly of turpentine, weighing one hundred grains, and measuring two inches and a half by three-quarters of an inch, and being in depth a quarter of an inch, apparently a crude undigested block of chian turpentine.—*William F. Marsh Jackson, M. R. C. S., in British Medical Journal.*

Nitro-Glycerine.—Nitro-glycerine can be prepared for use in a solution either of alcohol or ether, a one-per-cent-solution in alcohol being that generally preferred. It being also soluble in melted cocoa butter, this has been employed for making it into pills, but in this form it does not act so quickly as in alcoholic solution. A better plan than this is to add an equal quantity of chocolate paste to this pill mass, and then make it up into lozenges of any desired size, which it would not be disagreeable to chew up in the mouth, and thus gain rapid absorption. Nitro-glycerine bids fair to prove an anti-neuralgic of the greatest value, especially in cases of angina pectoris and such other affections as nitrite of amyl has hitherto been much used in, taken at intervals of two to four hours, in doses of about two drops of the one per cent. solution, and increased until full physiological action is obtained. The relaxed condition of the blood-vessels induced lasts usually about half an hour. Doses of the above strength and frequency have been continued through several consecutive days with safety and success in warding off threatening attacks of angina pectoris in cases in London hospitals.—*Louisville Medical News.*

Caffeine Citrate.—Caffeine occurs in the four substances which constitute the principal beverages used by all civilized nations, viz., in the leaves of the tea and ilex paraguensis in the berry of the coffee, and the seeds of guarana (Paullinia sorbilis.) It may be obtained by treating a decoction of crushed coffee-berries or tea-leaves with a solution of lead acetate, removing the precipitate by filtration, and transmitting sulphuretted hydrogen through the filtrate. This solution is neutralized with ammonia, and evaporated to a low bulk, when the caffeine crystallizes out. The last traces of color may be removed by digesting with animal charcoal, filtration, and re-crystallization. The alkaloid is converted into the above-named salt by the addition of citric acid to its solution, and subsequent evaporation. Coffee yields nearly one per cent., tea about one and one-fourth per cent., and guarana about five per cent. of caffeine respectively. Citrate of caffeine has long been employed in nervous or sick headache, and is now recognized as a remedy of considerable value in asthma and sea-sickness. The dose is from one to four grains, and is best administered dissolved in water or in a cup of coffee before and during paroxysms.—*London* (Eng.) *Chemist and Druggist.*

Coca in the Opium-habit.—Since the publication in these columns of Professor Palmer's article on coca as an antidote to opium eating, the demand all over the country for the coca has been so great as to put the drug-houses to their best efforts to fill orders. Professor Palmer is daily in receipt of letters asking how the remedy is to be used. He asks us to publish the following: "Coca is to be used as a substitute for the opium. It is therefore to be taken as freely as the cravings of the system for opium may demand—tablespoonful doses of the fluid extract several times a day, more or less, as needed. The 'break-off' is to be made at once and for all, and coca is the staff upon which the sufferer is to throw his whole weight." He also asks that patients and physicians will send reports of results to him or to the editor of the News. He suggests that it is best that the drug should be given under the supervision of the family physician, so that any collateral contingencies may be met and counteracted.—*Louisville Medical News.*

Chian Turpentine.—The introduction of new remedial agents will necessarily create fresh difficulties for the dispenser, and in doing so will tax his resources to the utmost, and the same will equally apply to old remedies exhibited under a new aspect. These instances are not by any means rare. There is one striking illustration in the resuscitation of that very old and long disused drug, chian turpentine. The pharmacy of this substance either alone or combined with sulphur, has brought forth numerous letters from advocates of several modes of combining chian turpentine to form an emulsion, presentable, and at the same time palatable, in fact, a suitable method of administering this very scarce, and consequently very valuable drug. Happy must that pharmacist feel, who, with a veneration for old pots and their contents, has preserved his genuine chian turpentine for the benefit of suffering humanity and a considerable advance on its normal cost.—*London, (Eng.) Phar. Jour. and Tran.*

A New Anthelmintic.—Dr. Lemos, in Medicinische Neuigkeiten, states that the ocinum basilicum, a plant known in Buenos Ayres under the name 'albochaca,' has an action of such a nature that the worms in every stage of development rapidly leave their location after the juice reaches them. Its use is so much the more to be recommended, since, if no worms should be present no injurious effect results from the plant, but a laxative and disinfectant action is the only result. Fifty grammes of the juice are given, followed in two hours by a dose of castor oil. A free discharge of the worms may be expected.—*Phila. Med. and Surg. Reporter.*

TINCTURE OF EUCALYPTUS GLOBULUS IN THE TREATMENT OF CROUP.—Dr. Walcher communicated to the Medical Society of Strasbourg, a paper bearing this title, from which we make the following extract: "But in the cases where this heroic means (tracheotomy) cannot be applied, you will obtain, in children suffering from the croup, many more recoveries from the tincture of eucalyptus, than from chlorate of potash, cubebs, or copaiba and the usual simple tonics. I may sum up by saying that the tincture of eucalyptus is a very powerful tonic and stimulant remedy in diphtheria in general, and especially most useful for the local manifestation in the larynx, the croup so common in infancy."—*Canada Jour. Med. Sc.*

BROMIDE OF ETHYL NOT HARMLESS.—Dr. P. Berger reports (Le Progrès Médical) a case of anæsthesia with bromide of ethyl, with following symptoms during its exhibition: During the first seconds the patient became violent, asphyxiated the pupils dilated to their utmost, the pulse became irregular, weak. A few moments after, although anæsthesia was not complete, the operation was begun, but the blood was very dark, like the blood of asphyxia. The operation was, however, continued and terminated, and the patient rallied promptly from the effects of the anæsthetic. It seems, as can be seen by the above, that this drug is not so harmless as is imagined by many. —*Louisville Med. News.*

JABORANDI IN MUMPS.—Dr. Testa (Il Morgagni) has employed this remedy in the form of infusion in five cases, and draws from his practice the following conclusions: 1. Jaborandi is an efficient remedy in mumps. 2. The efficacy is explained by its hydragogue, and especially its sialagogue properties. 3. Administered early it will prevent the development of the affection. 4. It may prevent the metastases which are not infrequent.—*Med. Press and Circular.*

Transactions of Societies.

Wayne County Medical Society.

STATED MEETING.

DETROIT, March 18th, 1880.

Dr. Kaiser read a paper on "The Causation of Epidemic Diseases." [Published in June number of the GAZETTE.]

Dr. Leonard.—It is possible there may be but one kind of germ which, according to varying circumstances, develop or cause very different diseases and assume very different forms. The common garden may induce various skin diseases—the germs assuming various forms but still susceptible of being transmuted from one to the other. The germs which attend and are supposed to cause malarial diseases, as observed by Dr. Salisbury, have been seen by other investigators.

Dr. Lauderdale.—Carbolic acid as a surgical dressing is not so reliable as many claim. Whisky will often do quite as well.

Dr. Mulheron.—Listerism has marked a positive advance in surgery as shown by the comparatively light mortality where this system is adopted. Dr. Keith, a very careful operator, has by this method performed over one hundred cases ovariotomy without a fatal result.

Dr. Lauderdale.—Dr. Keith attributes, it is said, much of his success to care in operating.

Dr. Brodie.—Dr. Dunlap, a very successful operator, claims that blood and serum must be carefully removed in cases of ovariotomy. Any neglect in this respect usually causes much trouble.

Dr. Bissell.—The germ theory seems to be pretty thoroughly run into the ground. It will probably be superseded by something else in a short time.

Dr. Rouse.—It has been suggested that bacteria act as scavengers, and that their presence in wounds is beneficial—that they are the result not the cause of the condition.

Dr. Leonard.—Bacteria are different from germs, though the germs may assume very different forms.

Under the head of "Prevailing Diseases," Dr. Bissell reported that there seemed to be more than the usual number of obstetric cases but no observable peculiarity.

Dr. Leonard reported several cases of sore throat attended with redness of the gums and salivation resembling that induced by mercurials.

Dr. Kaiser also reported cases of sore throat which readily yielded to treatment.

Dr. Brodie.—In the early part of the season sore throat was usually attended with enudate on the tonsils. Now the fauces are somewhat inflamed and the trouble seems to extend to the stomach and other parts, usually causing some fever.

There seems to be considerable tendency to hæmorrhage during confinements. In one case, primipara, the os pointed backwards, and the lower part of the womb seemed thickened. Gave morphine. Labor progressed slowly. The head, having passed the os, the force of the pains ceased and the womb seemed very weak. Labor soon completed but considerable blood came with the afterbirth, which caused no trouble. Bandage applied. In a short time some flowing. The womb seemed inverted, but was easily restored to position. Symptoms favorable. In about half an hour syncope occurred. This was soon followed by death without external hæmorrhage.

The tendency to flowing is possibly due to influenza.

Dr. Leonard.—A woman had been under treatment about three months for uterine troubles. On Sunday she got much excited about the servant girl's stealing, and some flowing occurred. On Monday fainting occurred. The womb seemed about as big as the head, and pressure caused free hæmorrhage. The woman became pulseless. An adventitious membrane about one and a half inches in length was removed. The woman was probably about three weeks pregnant and recovered.

Dr. Kaiser.—A woman in her third confinement did well till the third day when high fever, severe pain and some flowing occurred. A clot about the size of a child's head was removed and recovery resulted.

Dr. Richards.—There seems to be considerable tendency to rheumatism in puerperal women.

Dr. Leonard reported a case of recto-vaginal fistula and ruptured perineum resulting from first labor. The discharges were offensive. There seems to be improvement from a five per cent. solution of potas. permanganate.

W. H. ROUSE, M. D., Secretary.